

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, June 28, 2019 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; and Robert G. Reiter, Jr. (7)

Present

Telephonically: Vice Chair Mary B. Richardson-Lowry and Director David Ernesto Munar (2)

Absent: Directors Layla P. Suleiman Gonzalez, PhD, JD and Sidney A. Thomas, MSW (2)

Director Gugenheim, seconded by Director Driscoll, moved to allow Vice Chair Richardson-Lowry and Director Munar to participate in the meeting as voting members telephonically.
THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Charles Jones – Chief Procurement Officer
James Kiamos – Chief Executive Officer, CountyCare
Pat Kitchen - RSM

Jeff McCutchan –General Counsel
Edward Olivieri – Cook County Office of Contract Compliance
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #7 - Report from the Chief Executive Officer.

III. Public Speakers

Chair Hammock asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, May 31, 2019

Director Gugenheim, seconded by Director Koetting, moved the approval of the Minutes of the Board of Directors Meeting of May 31, 2019. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

B. Human Resources Committee Meeting, June 18, 2019

- i. Metrics (Attachment #1)
- ii. Meeting Minutes

Vice Chair Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the metrics and Meeting Minutes. The Board reviewed and discussed the information.

Director Prendergast, seconded by Director Driscoll, moved the approval of the Minutes of the Human Resources Committee Meeting of June 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

C. Audit and Compliance Committee Meeting, June 20, 2019

- i. Metrics (Attachment #2)
- ii. Meeting Minutes, which include the following action items and report:
 - Code of Ethics for Cook County Health
 - Audit and Compliance Committee Charter
 - Policy on Corporate Compliance Reporting to the Governance Authorities of Cook County Health
 - Corporate Compliance Hot Line Charter

Dr. Shannon provided comments regarding the recent report from the Office of the Independent Inspector General (OIIG) regarding CountyCare healthcare expenses. Below is the verbatim record of his comments.

We received the OIIG Report last week, at the same time that everyone else did. Our team continues to review it in detail. Our intention is to fully respond to the Report. I'll remind us that, with the timing of its release on June 21st, we are required by resolution to respond to the OIIG by August 5th. However, just as a heads-up, there has been a called meeting of the Health and Hospital Committee of the County Board that will be held on July 25th, the day before our Board Meeting. That meeting will have as content at this point two agenda items. One item will be to talk about concerns that have been raised about timeliness of payments to safety net hospitals from the Health Plan, and the second item would be responding in a significant way to the observations and recommendations in the OIIG Report that was sent out last week.

I do want to make four specific points as to the integrity of the Health System, the Health Plan, and our team, which I believe has been unfairly questioned. The reputation of this Plan is critical to the success of the Health System and thus, I think it is necessary to respond this morning with some details, and again, recognizing that a very detailed and comprehensive written response will be forthcoming.

First, and most importantly, I want to point out that the observation in the Report that the Health System was sitting on \$700 million of unpaid bills from 2018 and that those are perhaps still out there, is not correct. The Health System today does not have \$700 million in unpaid bills from FY2018. The number that the OIIG referenced was the 2018 year-end estimate of actual and potential liabilities. The actual liabilities that are remarked in December of 2018 are in fact all paid, entirely all paid, by February of 2019.

The second point I would make is that the Health Plan is indeed strong. How can I say that? Well, in the last five years, as an example, the Health Plan has contributed more than \$1 billion in revenue to Cook County Health as a provider of care, at the same time that our local tax allocation supporting healthcare operations has decreased very significantly. I want to remind everyone that we were receiving more than \$480 million toward our operating budget in 2009 when this independent Board was established. Today, because of a number of improvements, but most importantly, the Affordable Care Act and CountyCare, local tax support to our operating budget is \$102 million. This consistent reduction in our local tax allocation has

allowed the Cook County Board to redirect \$2.5 billion over the last ten years to purposes other than the Health System. This is something that could not have happened without CountyCare.

Third, if we intend to stay true to the mission of Cook County Health, then we need the Health Plan. You've heard us say before that our Health System provides roughly half, in fact in our most recent year, more than half, of all of the charity care in Cook County. Without the revenue from the Health Plan, there's no way that we could cover those expenses unless there was a significant influx of revenue from local taxpayers.

The last point that I want to make this morning is around allegations of a lack of transparency that were in the OIIG Report. As a public entity, we not only report and discuss our financial performance publicly every month with you and our Finance Committee, but also with the full Board. We subsequently transmit those reports to the County Board and all of the information is posted on the website on the same day that we present that information at our Health System Committee and Board meetings. As many of you are aware, since the time that the Plan was birthed, we have modified our financial reporting at the encouragement of this Board to make that reporting more useful, more clear, more utilitarian, if you will. And we are always open to the opportunity to improve the clarity of that reporting. But the notion that we have not been transparent is simply wrong. I know of no other health system that is as open, not only with our opportunities for public speakers, but the actual transparency of what we transmit. Virtually everything we do gets put up in our minutes, and all the material gets put up on the website, including, as we'll talk about later, the strategic planning.

We started CountyCare in 2013 and we've built it to be the largest Medicaid health plan in Cook County. This has not been easy. But you need only to talk to the members of the Health Plan to understand how coverage has changed their lives and the impact it has had on their health. This Plan has, in addition, allowed us to expand our impact as a healthcare system, to address social determinants of health, such as food and housing insecurity, and to expand and greatly strengthen treatment for behavioral health and addiction disorders across the healthcare system. I'm proud of what we've accomplished and I'm proud of the team that's leading CountyCare and works everyday to provide our members and patients with the care they deserve. We will work in the coming weeks to respond in a detailed and comprehensive fashion to all the observations in the Report from the OIIG.

Director Koetting and Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the metrics and Meeting Minutes. The Board reviewed and discussed the information.

The Board took action on this item following the adjournment of the closed meeting.

Director Koetting, seconded by Director Gugenheim, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of June 20, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Managed Care Committee Meeting, June 20, 2019

- i. Metrics (Attachment #3)
- ii. Meeting Minutes

James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the metrics. The Board reviewed and discussed the information.

Director Koetting, seconded by Director Deer, moved the approval of the Minutes of the Managed Care Committee Meeting of June 20, 2019. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

E. Finance Committee Meeting, June 21, 2019

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which include the following action items and report:
 - Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Director Reiter presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics, and Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests considered at the Finance Committee Meeting. It was noted that there are seven (7) requests pending review by Contract Compliance (request numbers 3, 8, 9, 10, 11, 12 and 19). It was also noted that request numbers 9 and 11 were being withdrawn.

Director Reiter, seconded by Director Prendergast, moved the approval of the Minutes of the Meeting of the Finance Committee of June 21, 2019, with the exception of request numbers 9 and 11 within the Contracts and Procurement Items contained within the Minutes, which were withdrawn. THE MOTION CARRIED UNANIMOUSLY.

F. Quality and Patient Safety Committee Meeting, June 21, 2019

- i. Metrics (Attachment #5)
- ii. Meeting Minutes, which included the following action items and report:
 - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim, seconded by Director Driscoll, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of June 21, 2019. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

There were none presented directly for the Board's consideration.

B. Any items listed under Sections IV, V and IX

VI. Report from Chair of the Board

A. Quarterly report on Board and Committee meeting attendance by Directors and members of Committees (Attachment #6)

Chair Hammock presented the quarterly report on Board and Committee meeting attendance.

VII. Report from Chief Executive Officer (Attachment #7)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #7.

VIII. Recommendations, Discussion / Information Items

A. Report on Minority and Women-Owned Business Enterprise (M/WBE) Participation (Attachment #8)

This item was taken out of order.

Edward Olivieri, Director of the Cook County Office of Contract Compliance, provided an overview of the Report on M/WBE Participation, which included information on the following subjects:

- Mission
- History of M/WBE Program
- Constitutionally Defensible Program
- Narrowly Tailored Program
- Duties and Responsibilities
- Metrics

During the discussion of the information, Director Deer requested a breakdown by percentage of the participation rates for each of the ethnic groups.

B. Strategic Planning Discussion (Attachment #9)

Dr. Shannon provided an overview of the draft tactics, objectives and highlighted strategies for the strategic plan.

During the discussion of the information, a request was made for the Secretary to send a copy of the current Vision and Mission Statement to the Directors.

IX. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

C. June 20, 2019 Audit and Compliance Committee Meeting Minutes

- Discussion of report relating to the audit of FY2018 CCH Financial Statements and Required Communications with External Auditors

This item was taken out of order.

IX. Closed Meeting Items (continued)

Director Deer, seconded by Director Driscoll, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Koetting, Munar, Prendergast and Reiter (9)

Nays: None (0)

Absent: Directors Suleiman Gonzalez and Thomas (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

X. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

- Request: With regard to the M/WBE presentation, a request was made for a breakdown by percentage of the participation rates for each of the ethnic groups. Page 5
- Request: With regard to the strategic planning discussion, a request was made for the Secretary to send a copy of the current Vision and Mission Statement to the Directors. Page 5

Cook County Health and Hospitals System
Board of Directors Meeting
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ATTACHMENT #1



Human Resources Metric CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

June 28, 2019



Metrics



Important Performance Data

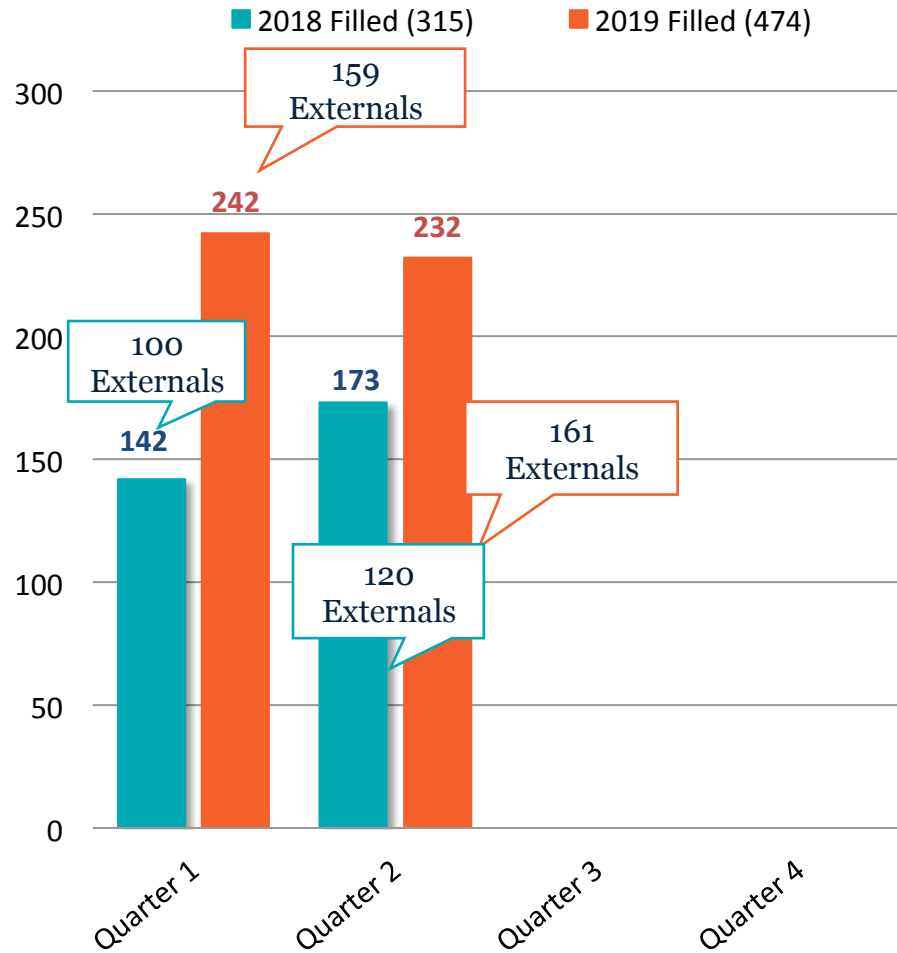
FY19 Vacancy	Count
Fiscal Year 2019 Approved Positions:	7,265
Current Vacancy Number:	1,198
# of Positions in Process:	730



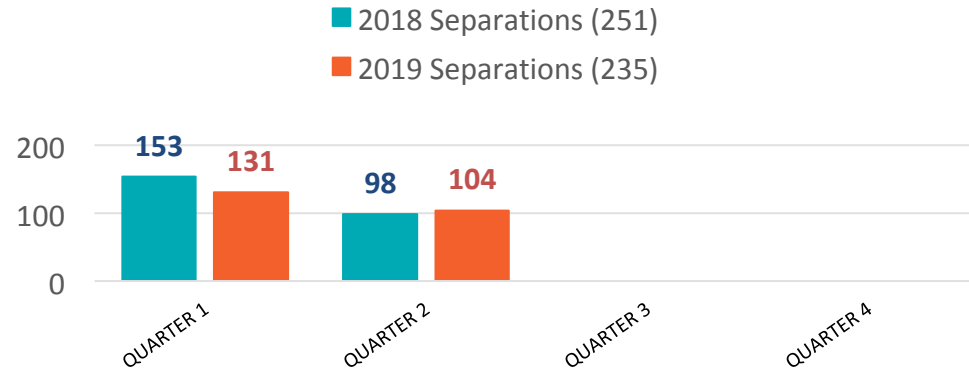
CCH HR Activity Report

Thru 05/31/2019

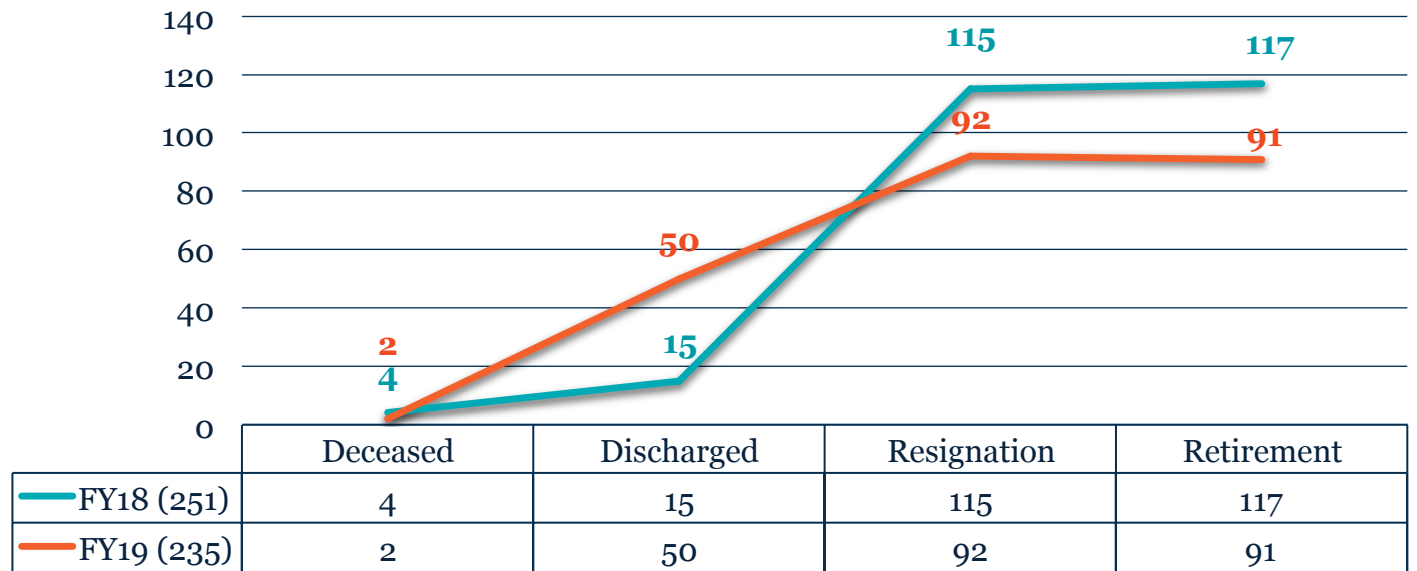
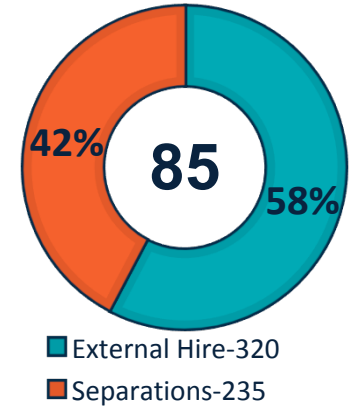
FILLED POSITIONS



SEPARATIONS



NET NEW

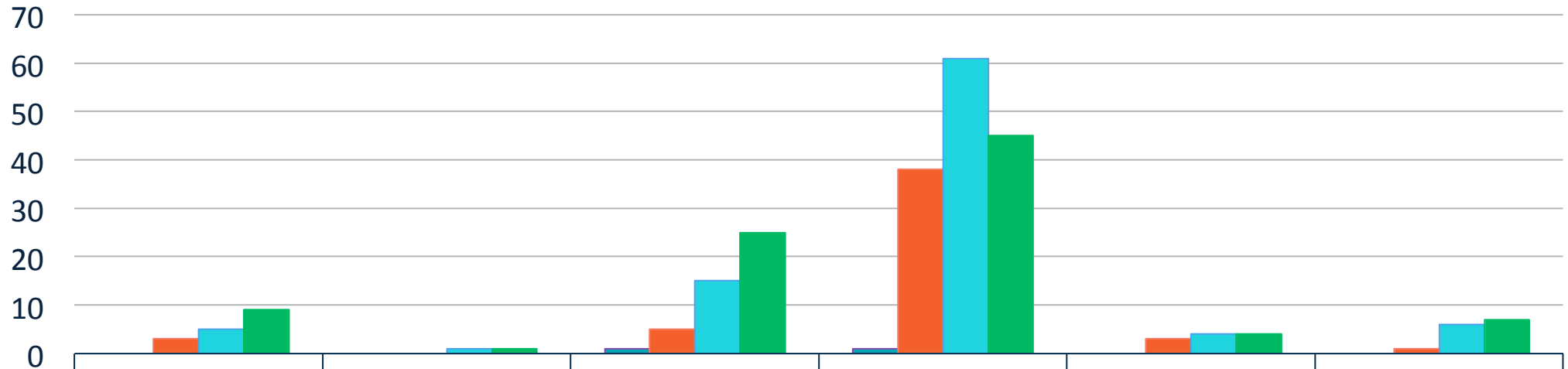


COOK COUNTY
HEALTH

CCH HR Activity Report

Thru 05/31/2019

SEPARATIONS BY CLASSIFICATION - 235

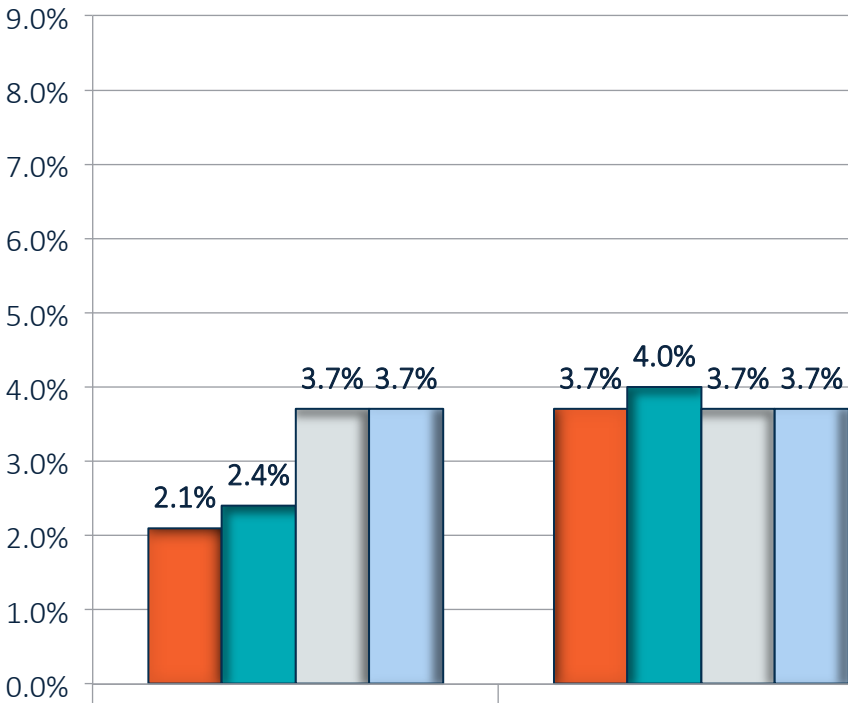


	Finance (17)	HIS (2)	Nurse (46)	Other (145)	Pharmacy (11)	Physician (14)
Deceased (2)			1	1		
Discharged (50)	3		5	38	3	1
Resignation (92)	5	1	15	61	4	6
Retirement (91)	9	1	25	45	4	7



CCH HR Activity Report – Turnover

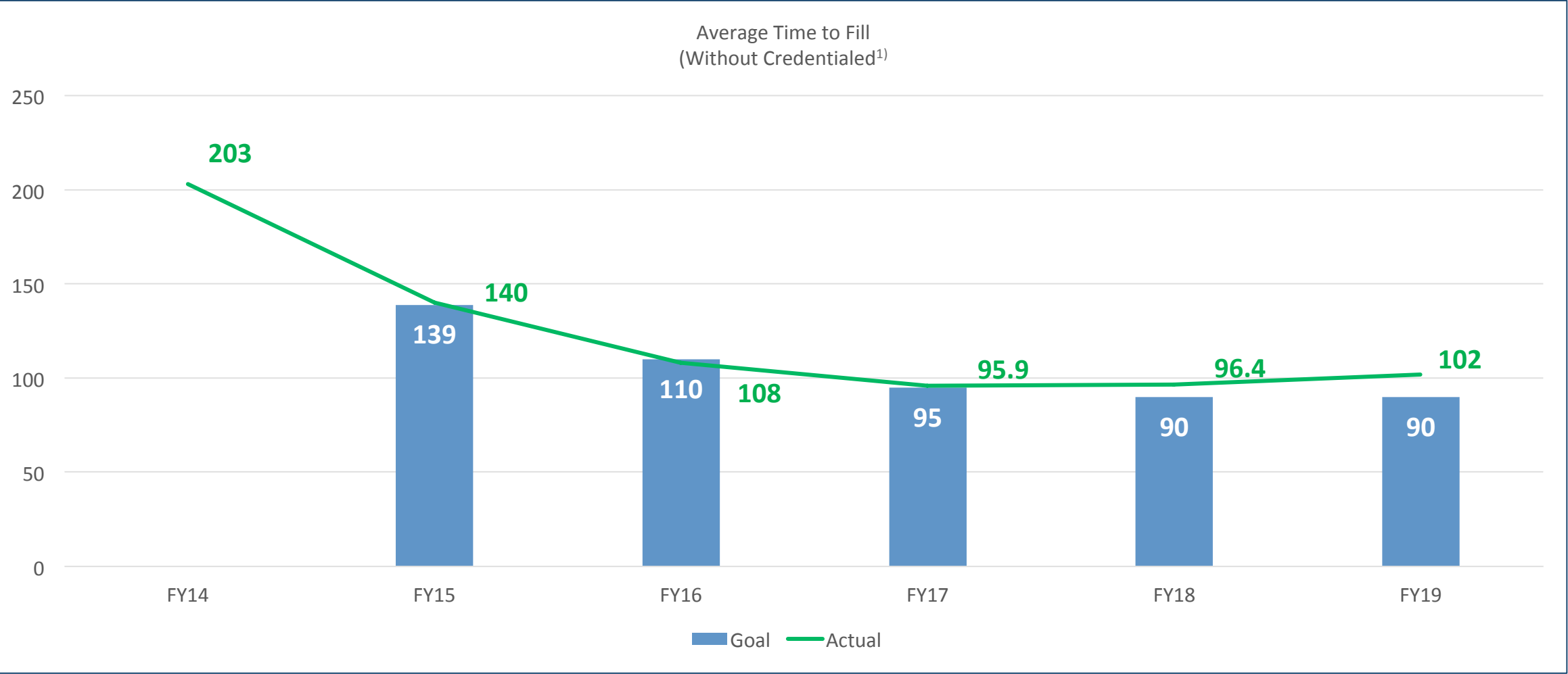
CCH TURNOVER
Turnover Year-to-Date
Head Count: 6,407



YTD Cumulative Totals:		Quarter 1	Quarter 2	Quarter 3	Quarter 4
<div></div> FY19 CCH Turnover		2.1%	3.7%		
<div></div> FY18 CCH Turnover		2.4%	4.0%		
<div></div> FY17 U.S. IL Health & Hospital Assoc. Turnover Data		3.7%	3.7%		
<div></div> FY18 U.S. Dept. of Labor Turnover Data		3.7%	3.7%		

CCH HR Activity Report – Open Vacancies

Improve/Reduce Average Time to Hire*



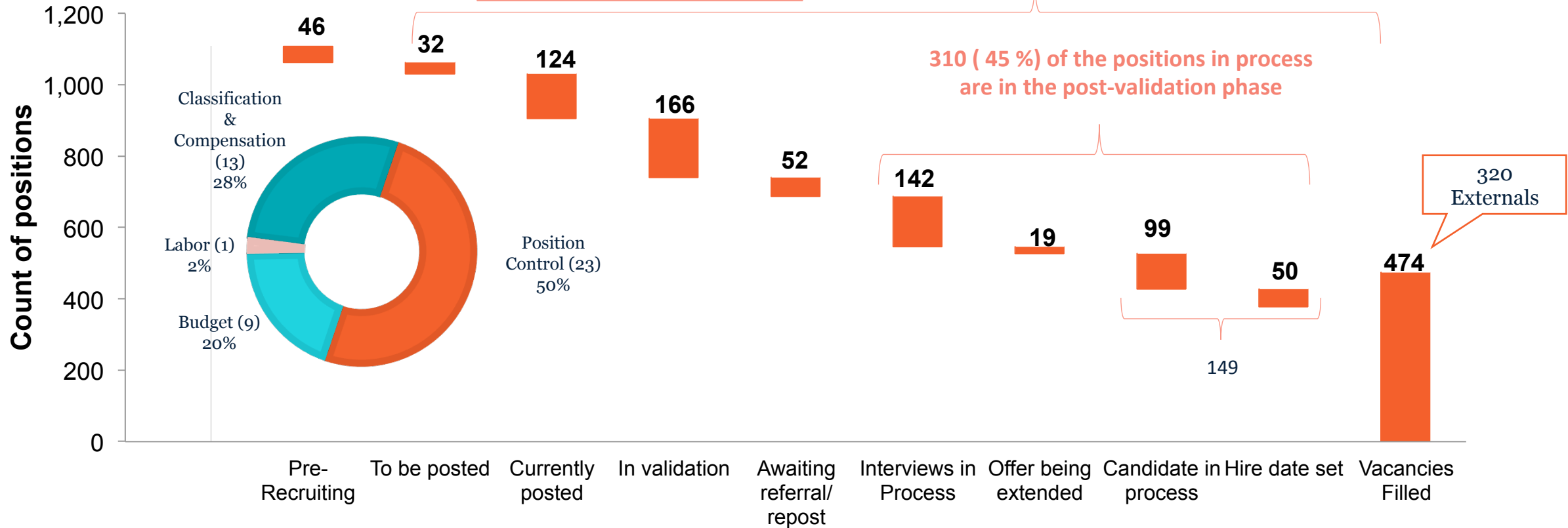
¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

CCH HR Activity Report – Hiring Snapshot

Thru 05/31/2019

Clinical Positions – 479 / 70%
Non-Clinical Positions – 205 / 30%

684 Positions in Recruitment



**COOK COUNTY
HEALTH**

Position Control 46 + Recruitment 684 = 730 Positions in Process

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Thank you.

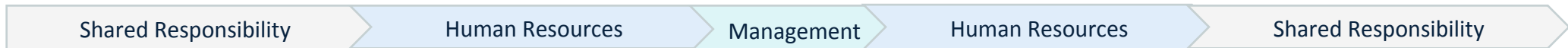
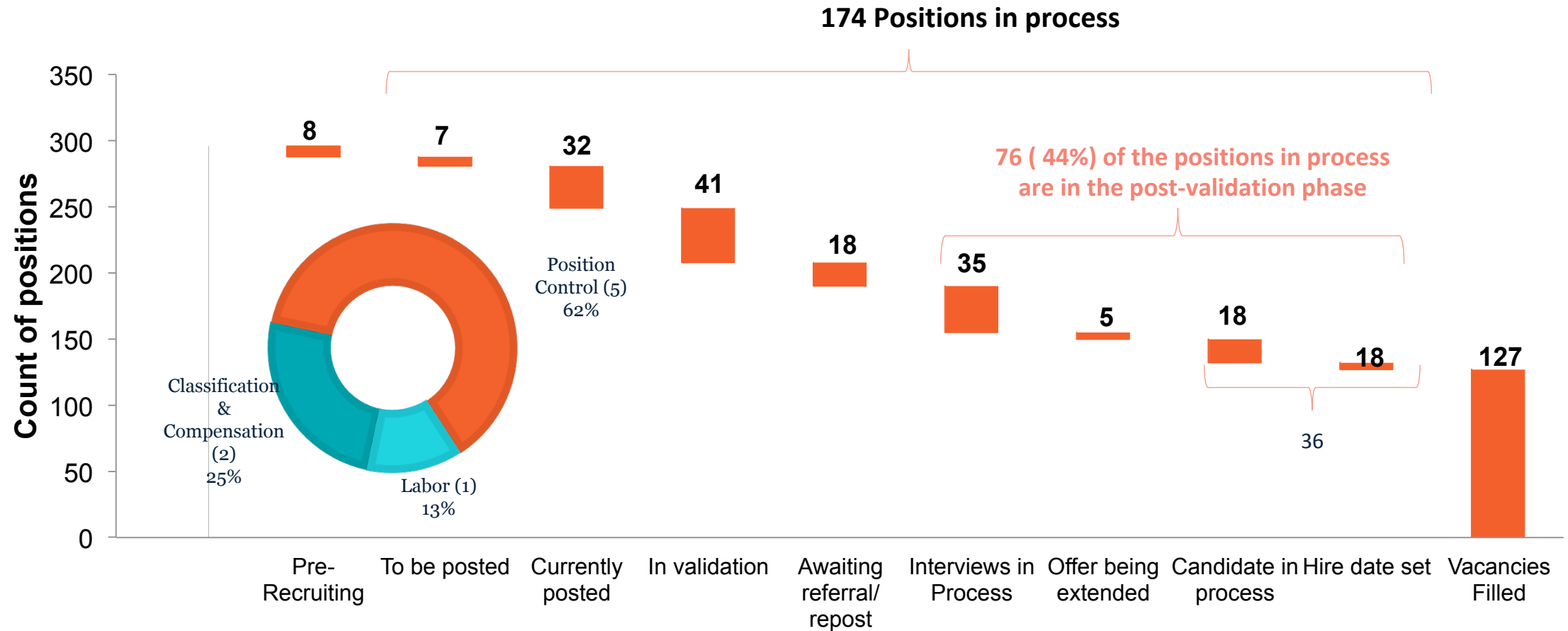


Appendix



CCH HR Activity Report – Nursing Hiring Snapshot

Thru 05/31/2019

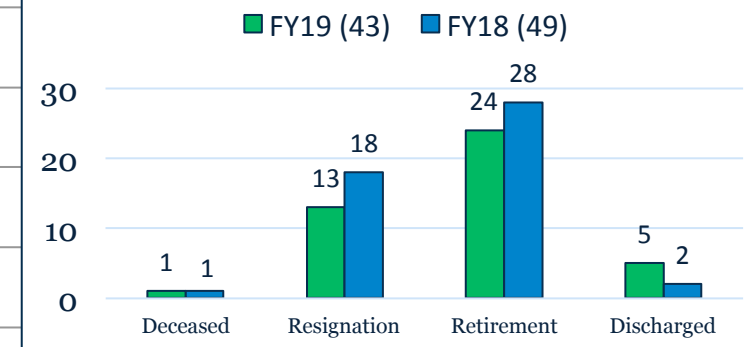
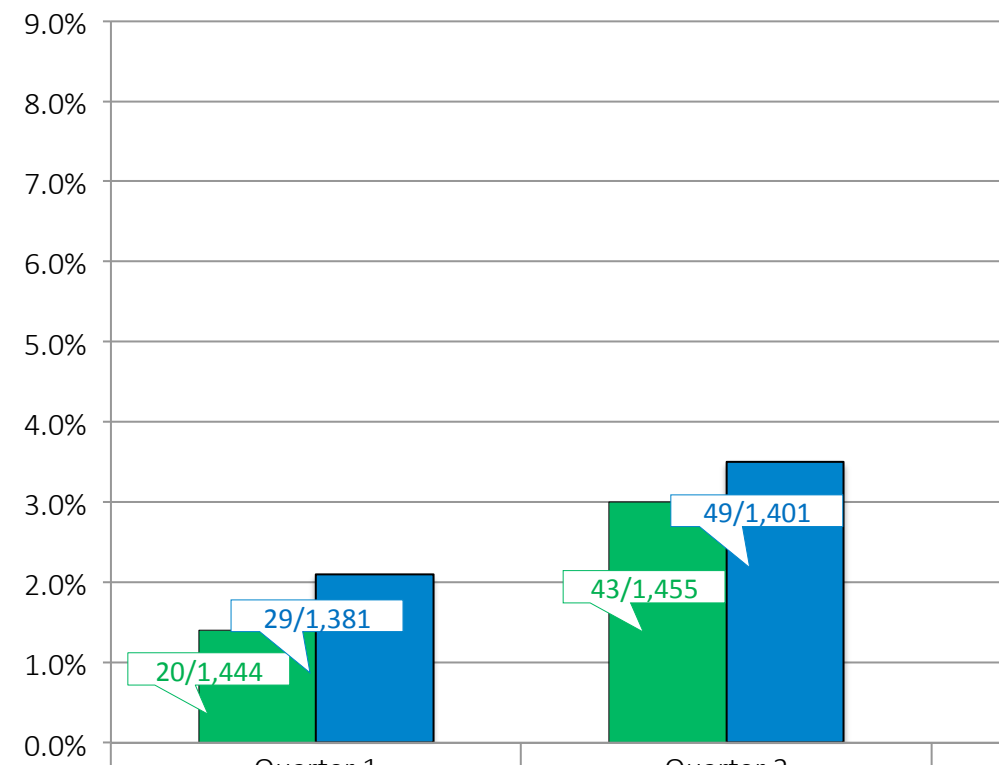


COOK COUNTY
HEALTH

Position Control 8 + Recruitment 174 = 182 Positions in Process

Nursing Activity Report – Turnover

CCH TURNOVER
Turnover Year-to-Date
Head Count: 1,455



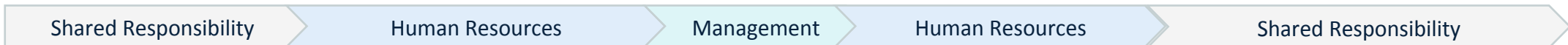
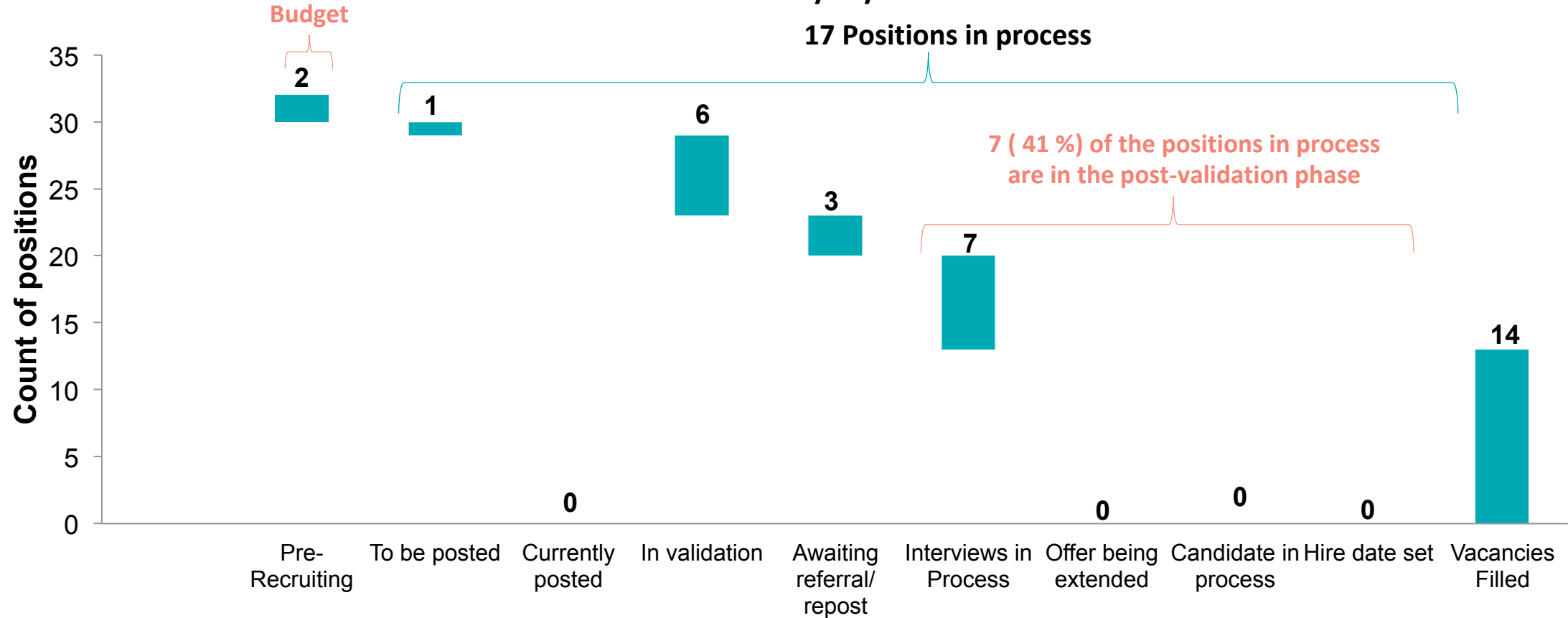
YTD Cumulative Totals:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
FY19 CCH Turnover YTD	1.4%	3.0%		
FY18 CCH Turnover YTD	2.1%	3.5%		

Include Registry

FY19 data is through 05/31/2019

CCH HR Activity Report – Finance Hiring Snapshot

Thru 05/31/ 2019



COOK COUNTY
HEALTH

Position Control 2 + Recruitment 19 = 21 Positions in Process

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ATTACHMENT #2

Corporate Compliance Metrics

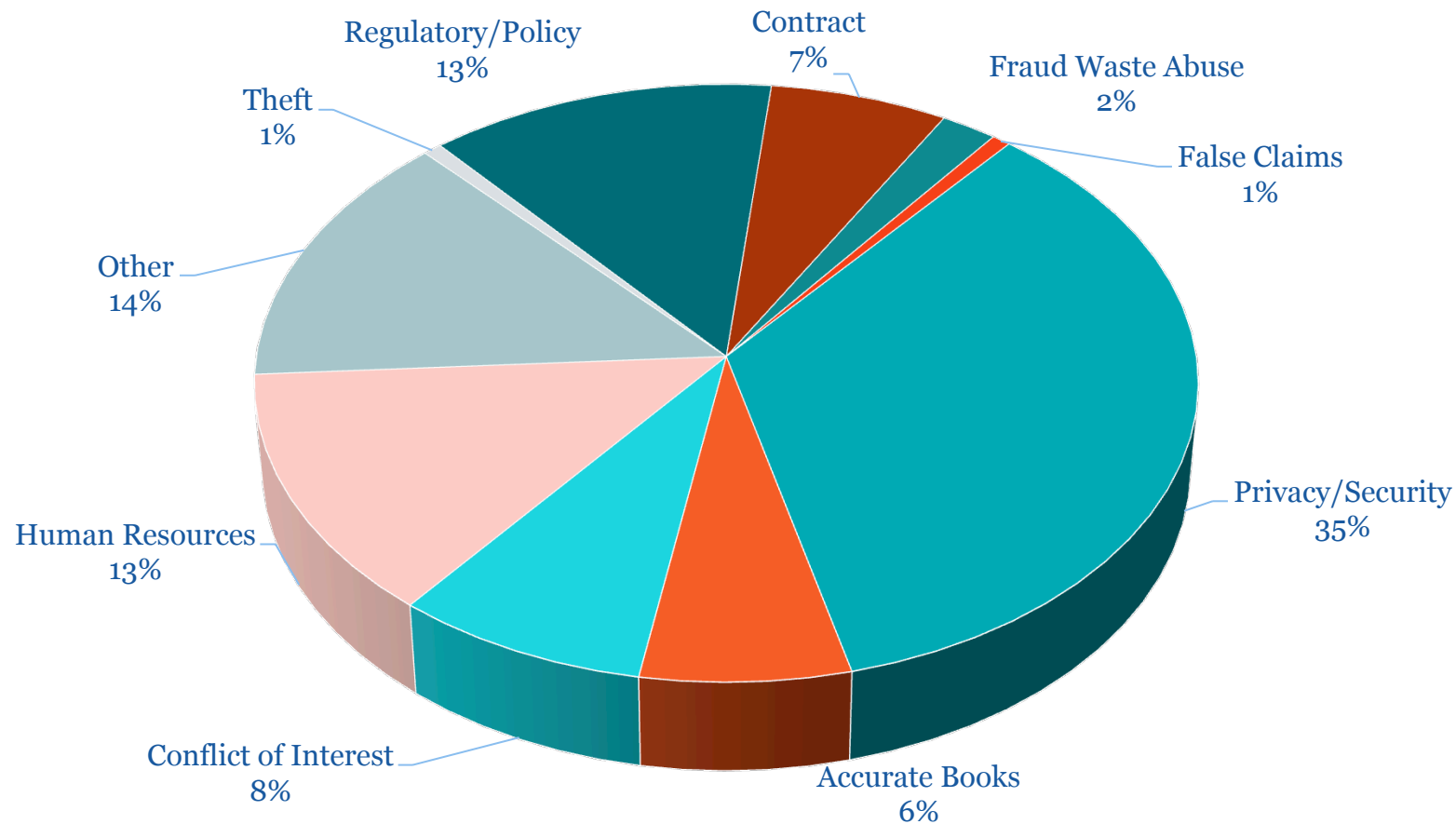
Board of Directors

June 28, 2019



F-YTD 2019 Contacts by Category

CCH as a Provider of Care

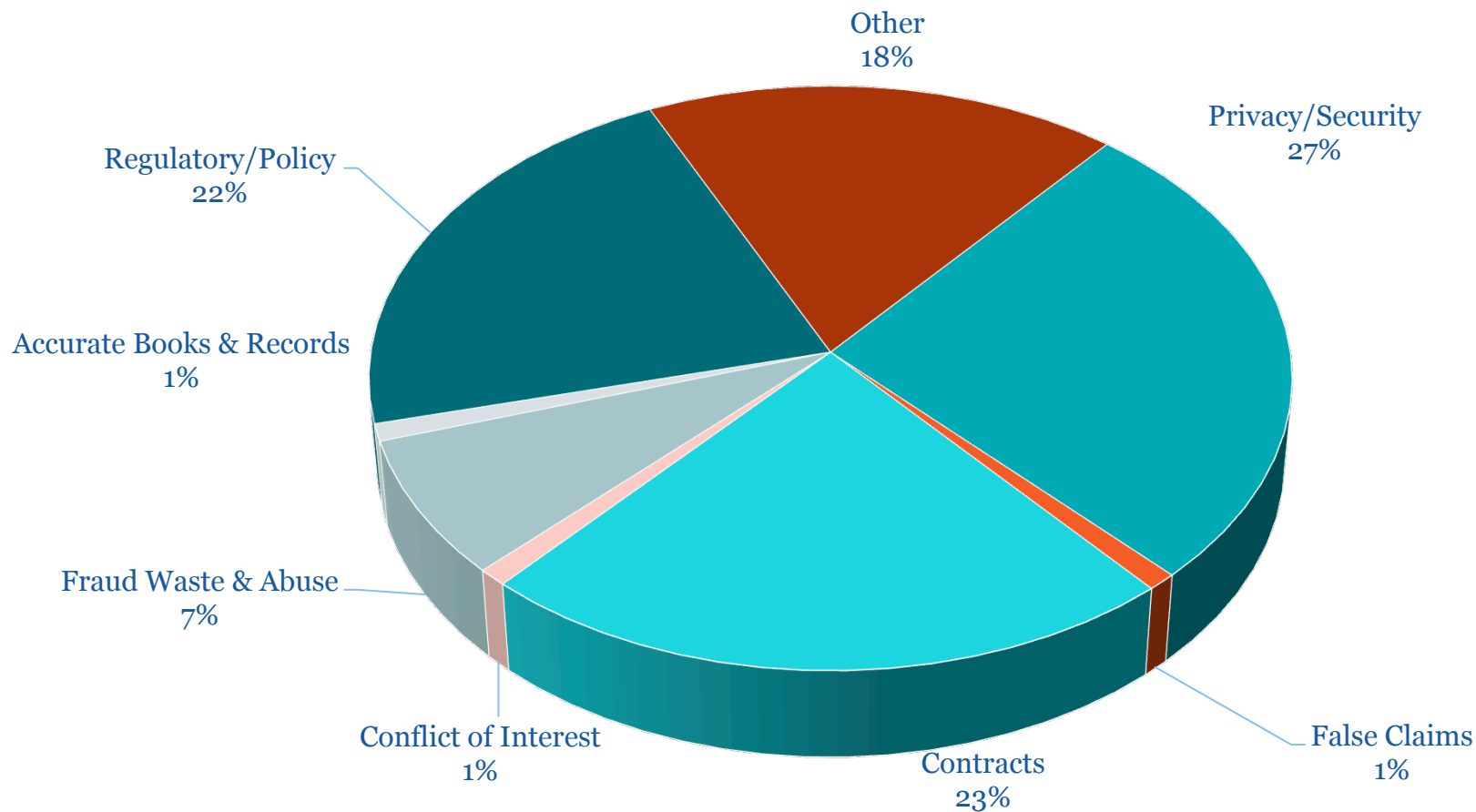


Categories	
Privacy/Security (HIPAA)	100
Human Resources	38
Regulatory/Policy	37
Conflict of Interest	23
Contracts	19
Accurate Books	19
Fraud Waste & Abuse	6
False Claims	2
Theft	2
Other	40
286	



F-YTD 2019 Contacts by Category

CountyCare Health Plan

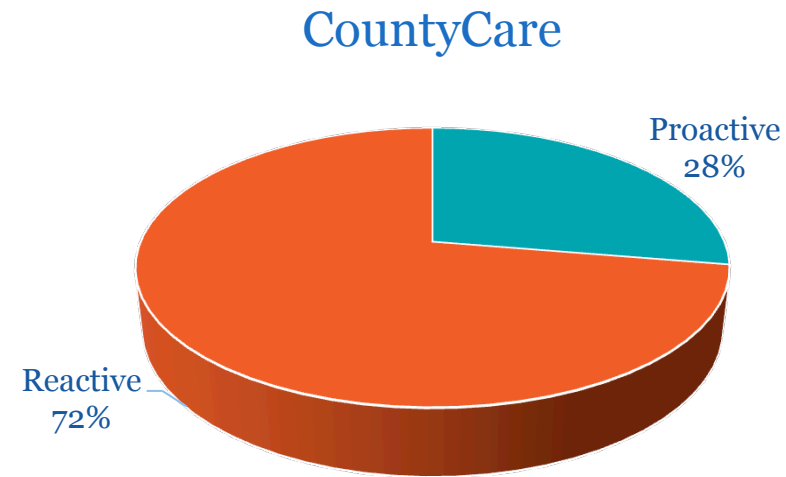
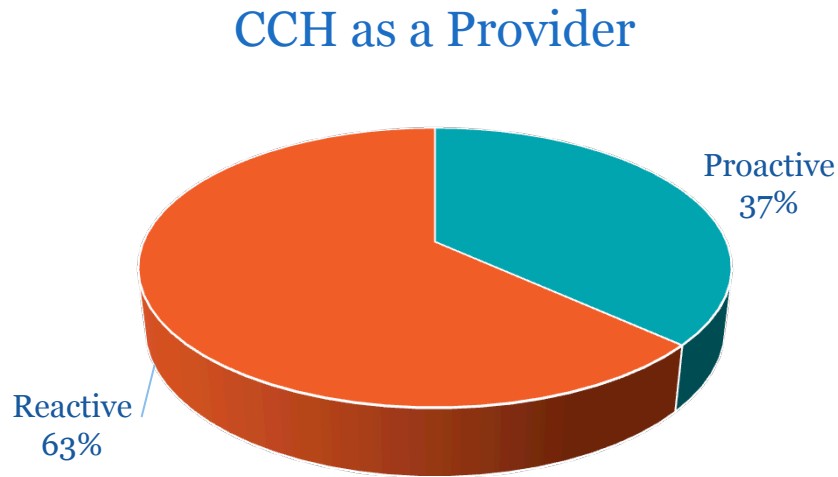


Categories	
Privacy/Security (HIPAA)	28
Contracts	24
Regulatory/Policy	23
Fraud Waste & Abuse	8
Accurate Books & Records	1
Conflict of Interest	1
False Claims	1
Other	19
	105



F-YTD 2019 Proactive vs. Reactive Contact Activity

- Reactive activities are unanticipated contacts, queries, or concerns.
- Proactive activities anticipate possible issues.



While proactive activity is optimal, reactive activity is not viewed negatively by Corporate Compliance. A majority of reactive contacts indicate awareness of the Compliance Program as an organizational resource.

Questions?



Cook County Health and Hospitals System
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ATTACHMENT #3

CountyCare Metrics

Prepared for: CCH Board of Directors

James Kiamos
CEO, CountyCare
June 28, 2019



Current Membership

Monthly membership as of June 5, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	211,433	18,217	8.6%
ACA	71,129	13,188	18.5%
ICP	29,488	6,050	20.5%
MLTSS	5,836	0	N/A
Total	317,886	37,455	11.8%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)



Managed Medicaid Market

Illinois Department of Healthcare and Family Services April 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	316,715	31.6%
Blue Cross Blue Shield	233,071	23.3%
Meridian (a WellCare Co.)	232,646	23.2%
IlliniCare (a Centene Co.)	108,519	10.8%
Molina	66,113	6.6%
*Next Level	44,918	4.5%
Total	1,001,982	100.0%

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)

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2019 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Feb	Mar	Apr
Claims Payment Turnaround Time & Volumes				
% of Clean Claims Adjudicated < 30 days	90%	96.3%	98.2%	97.3%
% of Claims Paid < 30 days	90%	62.6%	48.3%	84.6%
Total Claims Adjudicated	N/A	440,147	365,333	454,873

2019 Operations Metrics:

Overall Care Management Performance

		Performance		
Key Metrics	Market %	Feb	Mar	Apr
Completed HRS/HRA (all populations)				
Overall Performance	40%	58.1%	61.1%	62.3%
Completed Care Plans on High Risk Members				
Overall Performance	65%	63.9%	60.6%	60.3%

CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program



Cook County Health and Hospitals System
Board of Directors Meeting
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ATTACHMENT #4

CCH Full Board Meeting June 2019



Ekerete Akpan, Chief Financial Officer

June 28, 2019



Income Statement for the Five Months ending April 2019 (in thousands)

CCH Systemwide	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	242,708	305,646	(62,939)	-21%
County Care Access Payments	174,032	-	174,032	n/a
CountyCare Capitation Revenue	734,610	759,062	(24,453)	-3%
Cook County Access Payments	20,604	20,604	-	0%
Other Revenue	7,093	5,417	1,676	31%
Total Operating Rev	1,179,046	1,090,729	88,317	8%
<u>Operating Expenses</u>				
Salaries & Benefits	269,948	297,141	27,192	9%
Overtime	19,107	14,917	(4,189)	-28%
Contracted Labor	18,564	14,217	(4,347)	-31%
Pension*	45,803	136,401	90,598	66%
Supplies & Materials	16,552	31,261	14,709	47%
Pharmaceutical Supplies	29,607	33,678	4,071	12%
Purch. Svs., Rental, Oth.	90,081	139,533	49,452	35%
External Claims Expense	625,946	590,237	(35,709)	-6%
County Care Access Expense	174,032	-	(174,032)	n/a
Insurance Expense	11,117	12,265	1,148	9%
Depreciation	14,460	14,460	-	0%
Utilities	8,614	4,119	(4,495)	-109%
Total Operating Exp	1,323,832	1,288,230	(35,602)	-3%
Operating Margin	(144,786)	(197,501)	52,715	27%
Operating Margin %	-12%	-18%	6%	32%
Non Operating Revenue	82,529	108,082	(25,553)	-24%
Net Income/(Loss)	(62,257)	(89,419)	27,162	30%



Observations

- Primary Care visits are up by 7% versus FY18, and up 1% versus FY19 target
- Specialty Care visits are up by 2% versus FY18, and down 3% versus FY19 target
- Surgical Cases are down by 3% versus FY18, and down 8% versus FY19 target
- Inpatient Discharges are down 11% versus FY18
- LOS is up 1% versus FY18, and up 1% versus FY19 target
- Emergency Department visits are down 1% versus FY18
- Deliveries are down by 3% versus FY18, and down 13% versus FY19 target
- System-wide uninsured numbers
 - Captured by Visits, held at 45% (Provident 35%, ACHN 44%, Stroger 47%)
 - Captured by Charges, held at 43% (Provident 39%, ACHN 46%, Stroger 43%)

Financial Metrics

Metric	As of end Apr- 18/YTD	As of end Apr- 19/YTD	Target
Days Cash On Hand**	37	1	60
Operating Margin***	-5.8%	-9.6%	-5.4%
Overtime as Percentage of Gross Salary	7.4%	7.6%	5.0%*
Average Age of Plant (Years)	23.3	23.2	10.7

*Days Cash on Hand - CCH target 60 days, Moody's 198 days . Overtime as percentage of Gross Salary – CCH target 5% , Moody's 2%

** Days Cash in Hand – Point in time i.e. as of end October for each year

***Excludes Pension Expense-Target based on compare group consisting of 'like' health systems : Alameda Health System, Nebraska Medical Center, Parkland Health & Hospital System, and UI Health



Revenue Cycle Metrics

Metric	Average FYTD 2019	March-19	April-19	May-19	Benchmark/ Target
Average Days in Accounts Receivable <i>(lower is better)</i>	98	96	92	93	45.85 – 54.9*
Discharged Not Finally Billed Days <i>(lower is better)</i>	10	10.6	10	10.5	7.0
Claims Initial Denials Percentage <i>(lower is better)</i>	21%	23%	21%	19%	20%

Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

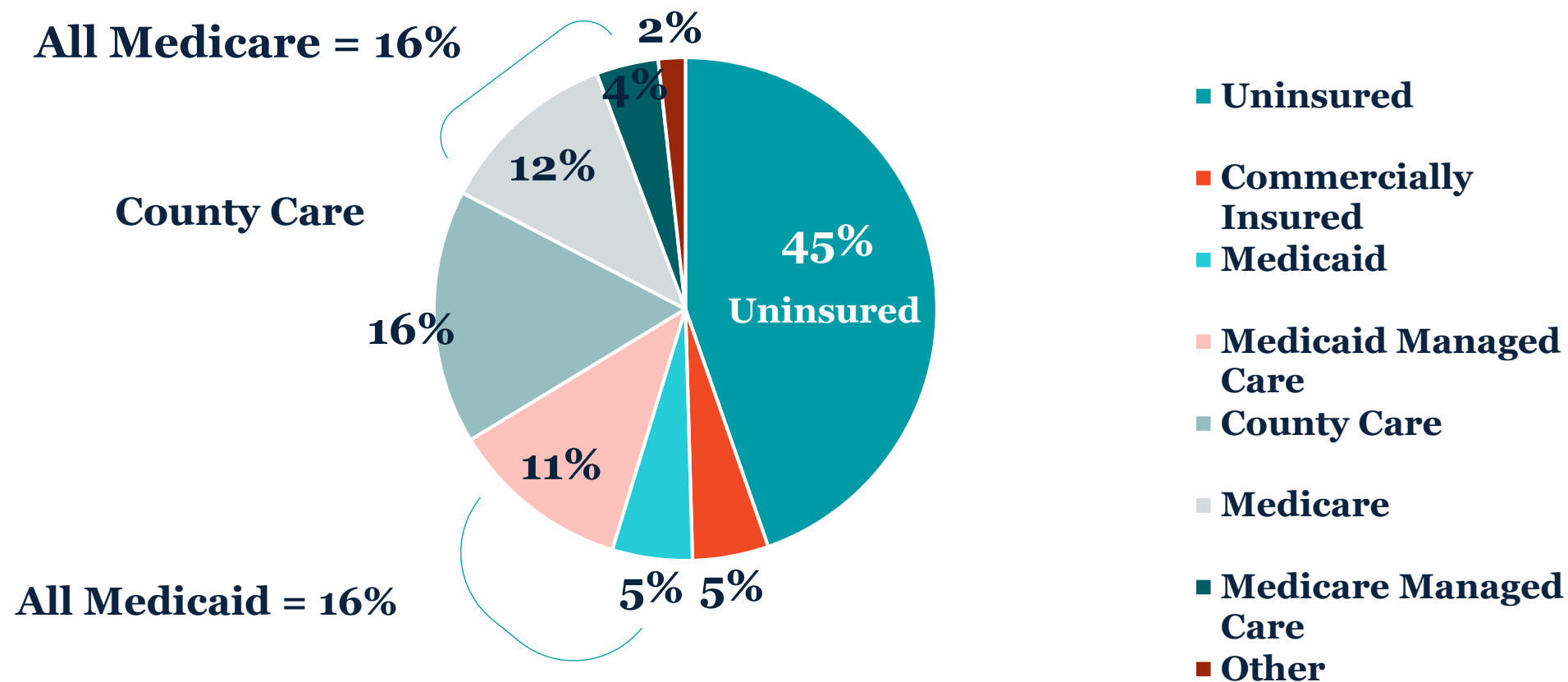
Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.

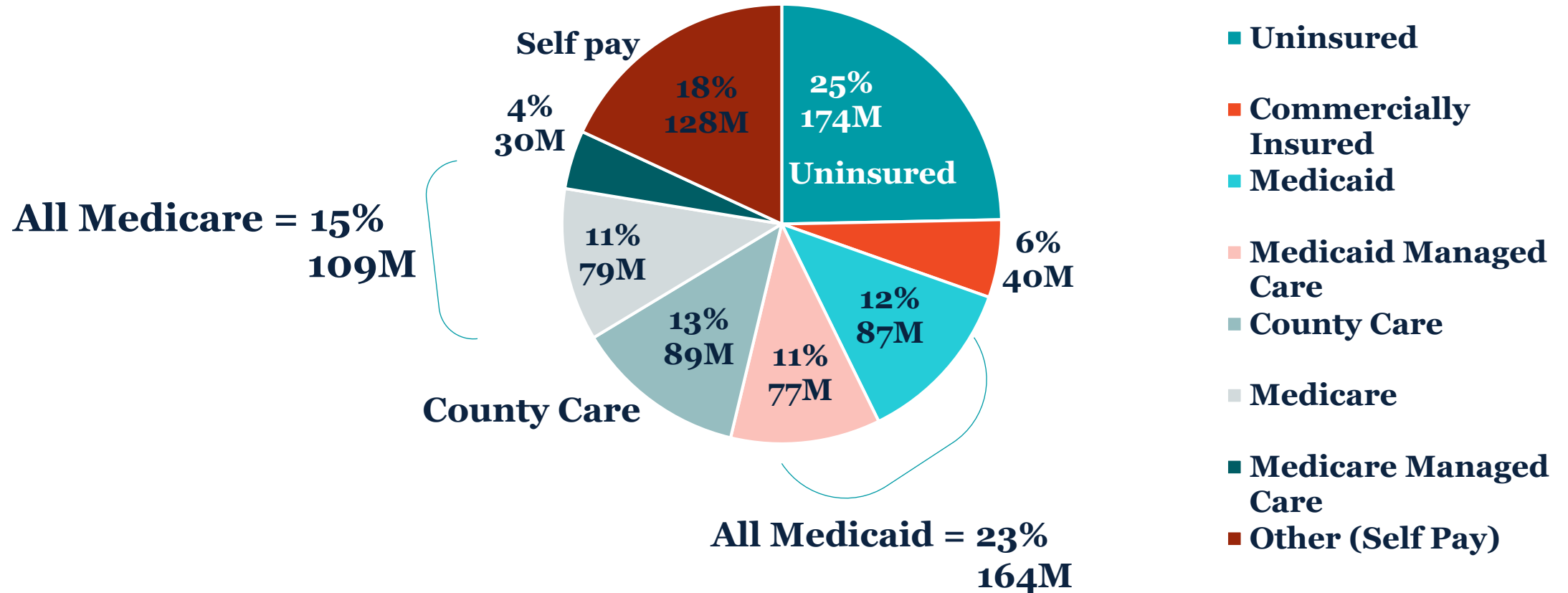
* Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014



System Payor Mix By Visit as of April 2019



System Payor Mix By Charges as of April 2019



Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Board of Directors Meeting
June 28, 2019

ATTACHMENT #5

QPS Quality Dashboard



June 28, 2019



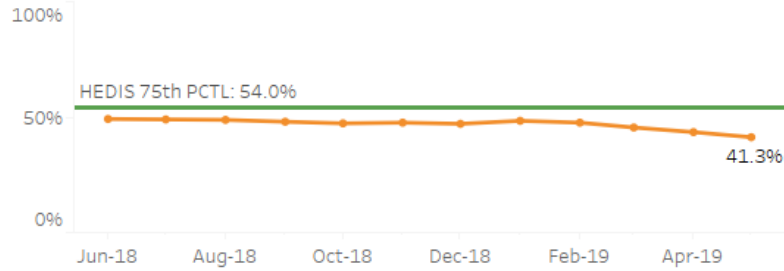


COOK COUNTY HEALTH

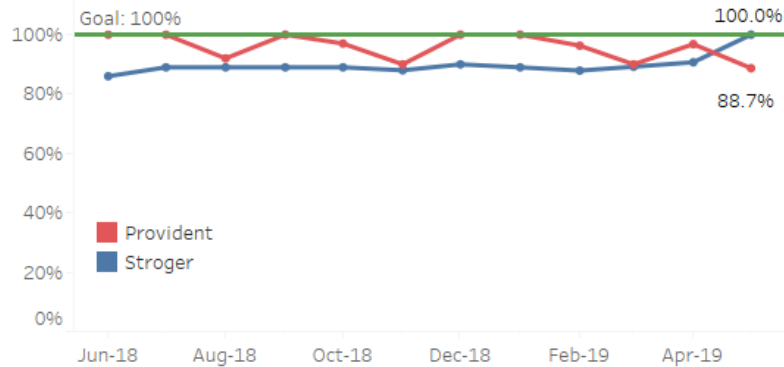
Quality Dashboard
June 21, 2019

Health Outcomes

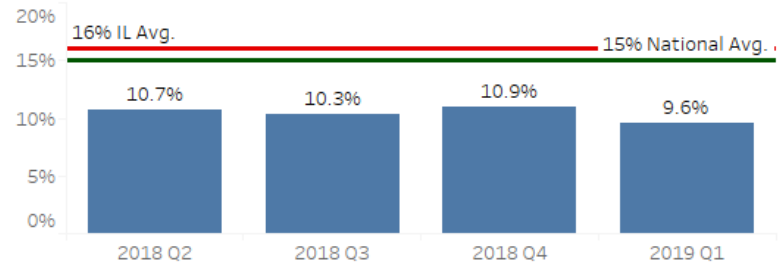
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

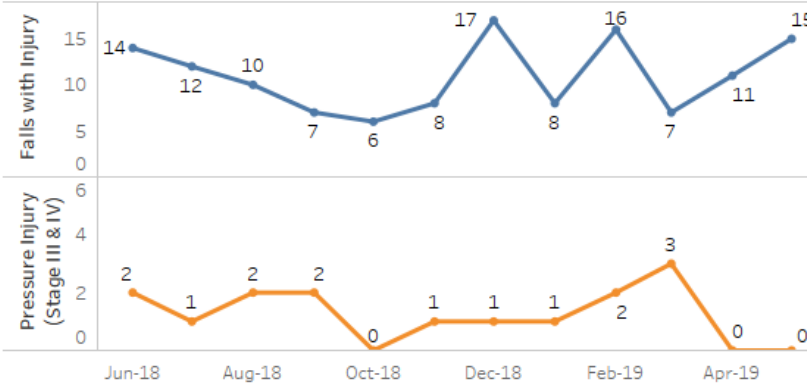


30 Day Readmission Rate

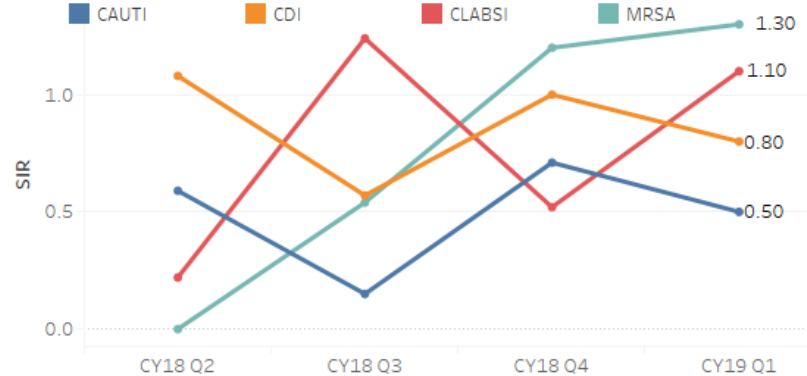


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

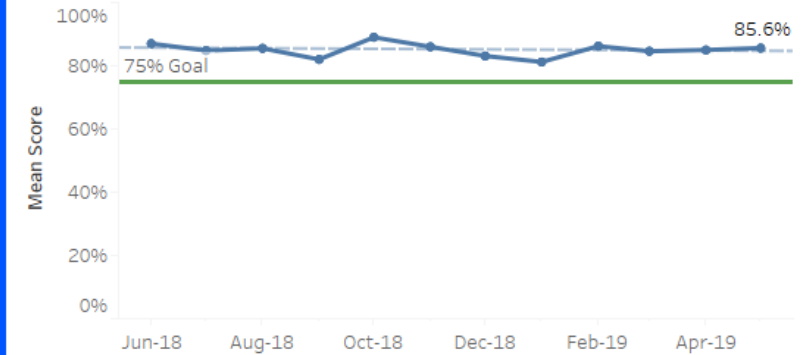


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

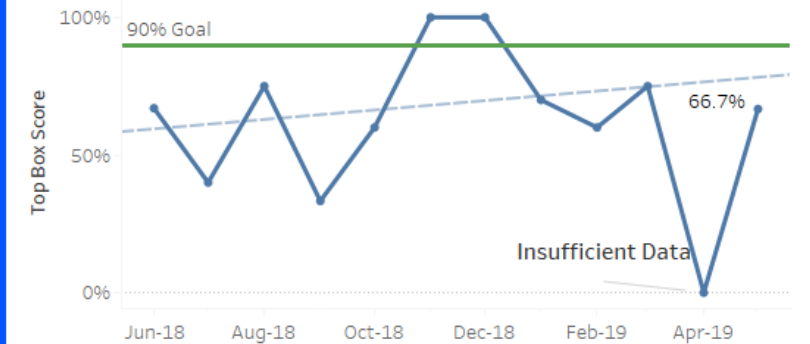
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
CAUTI	2	1	0	1	0	0	1	3	1	1	1	1
CDI	11	4	5	4	2	10	4	4	6	2	6	5
CLABSI	1	0	2	3	0	0	0	2	1	0	4	2
MRSA	0	0	0	1	0	0	1	0	1	0	1	0

Utilization

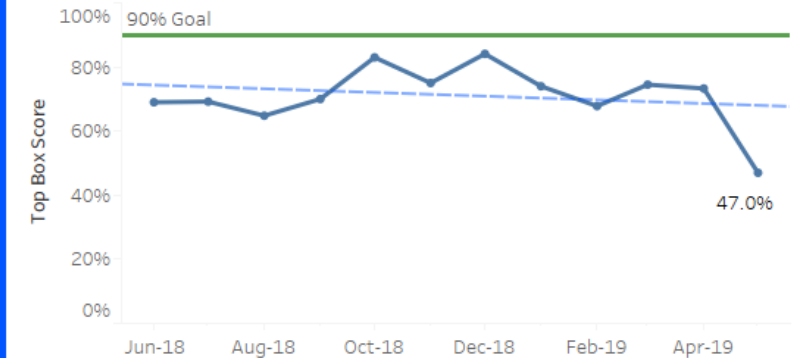
ACHN--Overall Clinic Assessment



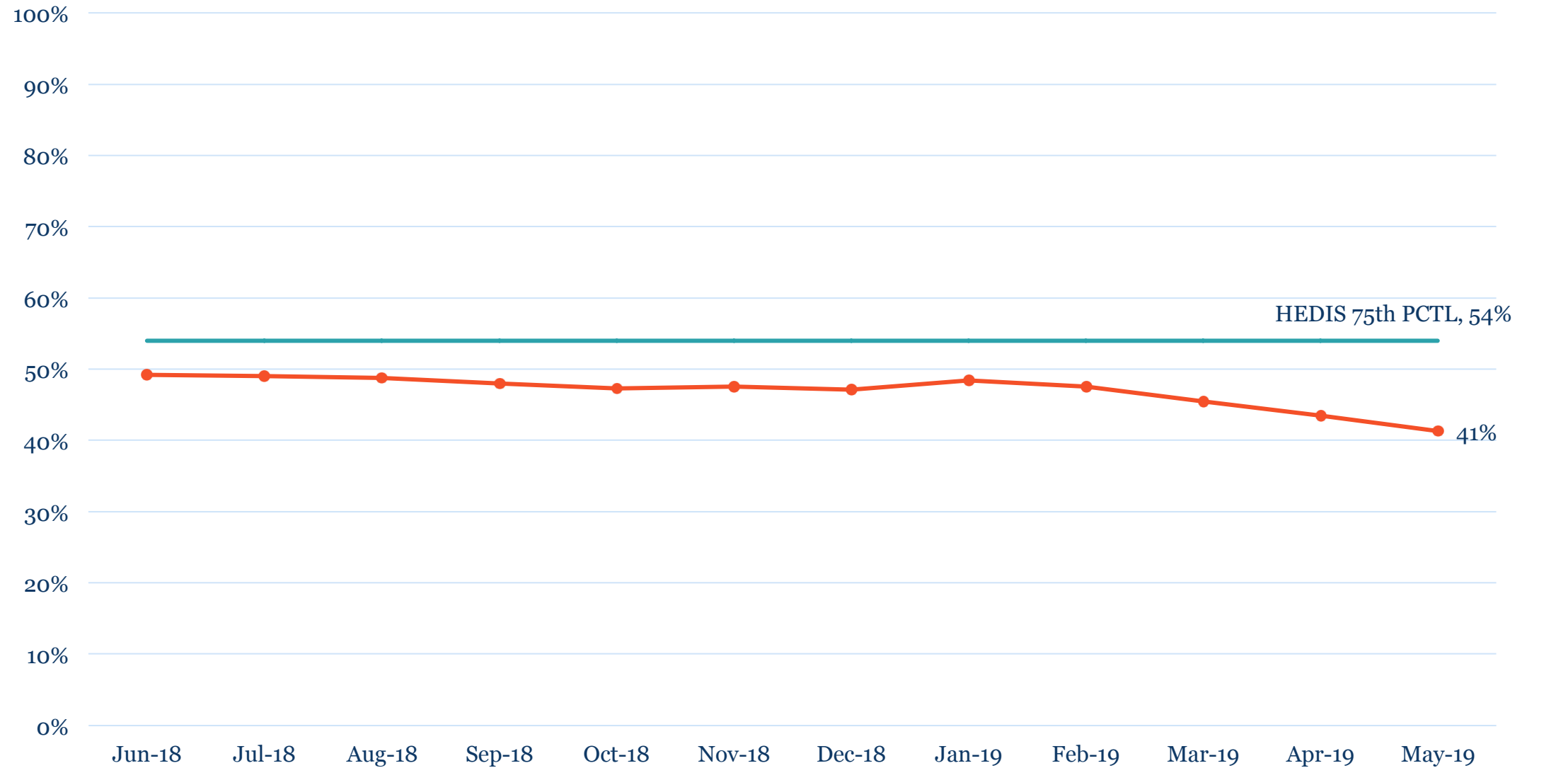
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

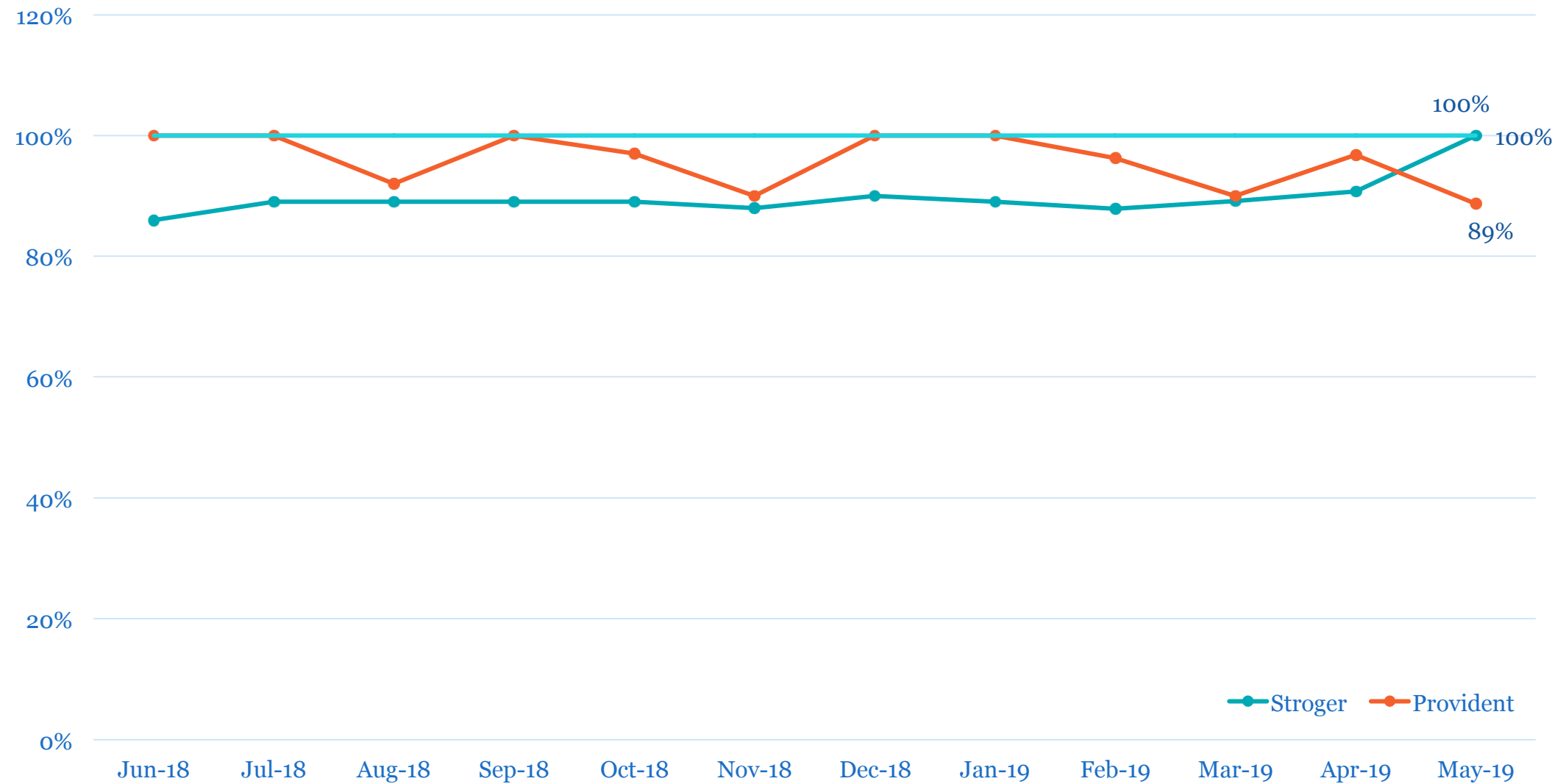


HEDIS – Diabetes Management: HbA1c < 8%



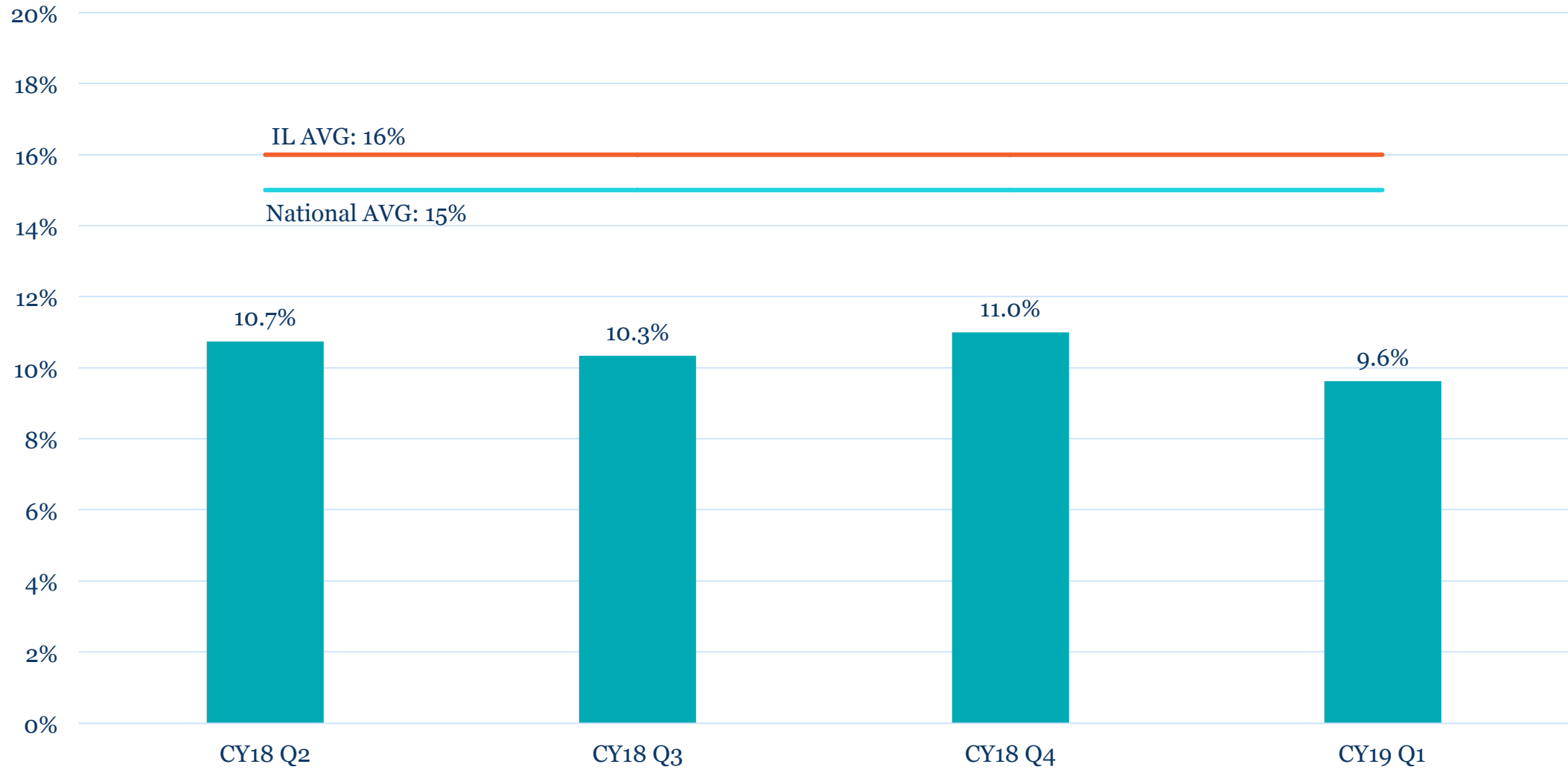
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



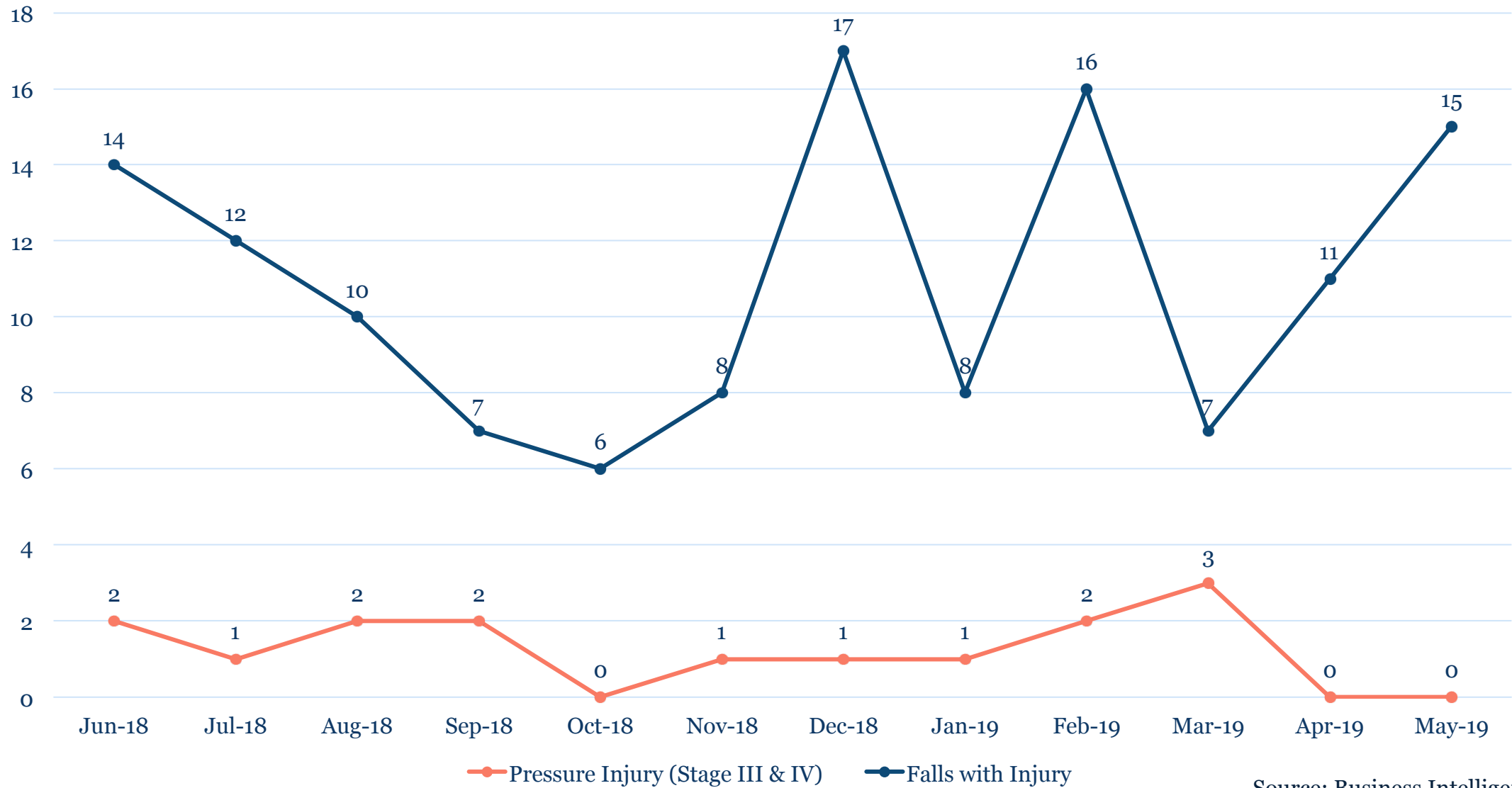
Source: Quality Dept.

30 Day Readmission Rate



Source: Business Intelligence

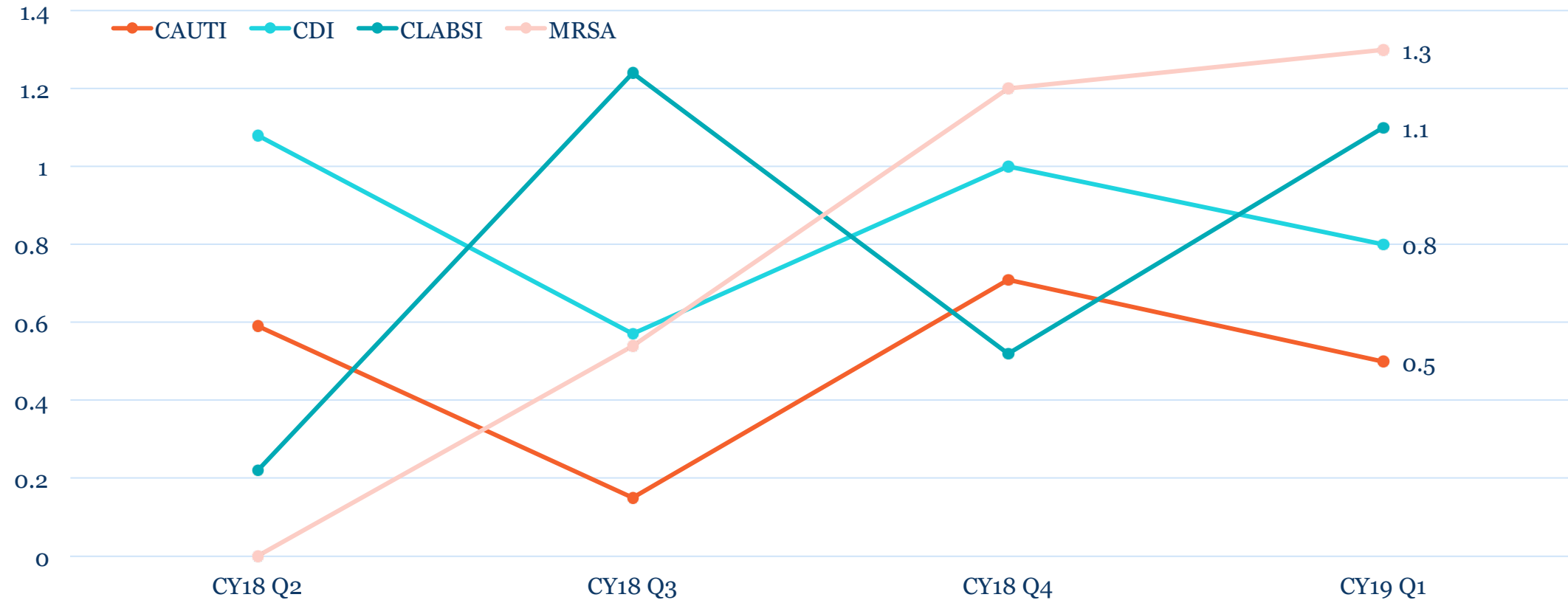
Hospital Acquired Conditions



Source: Business Intelligence



Hospital Acquired Infections

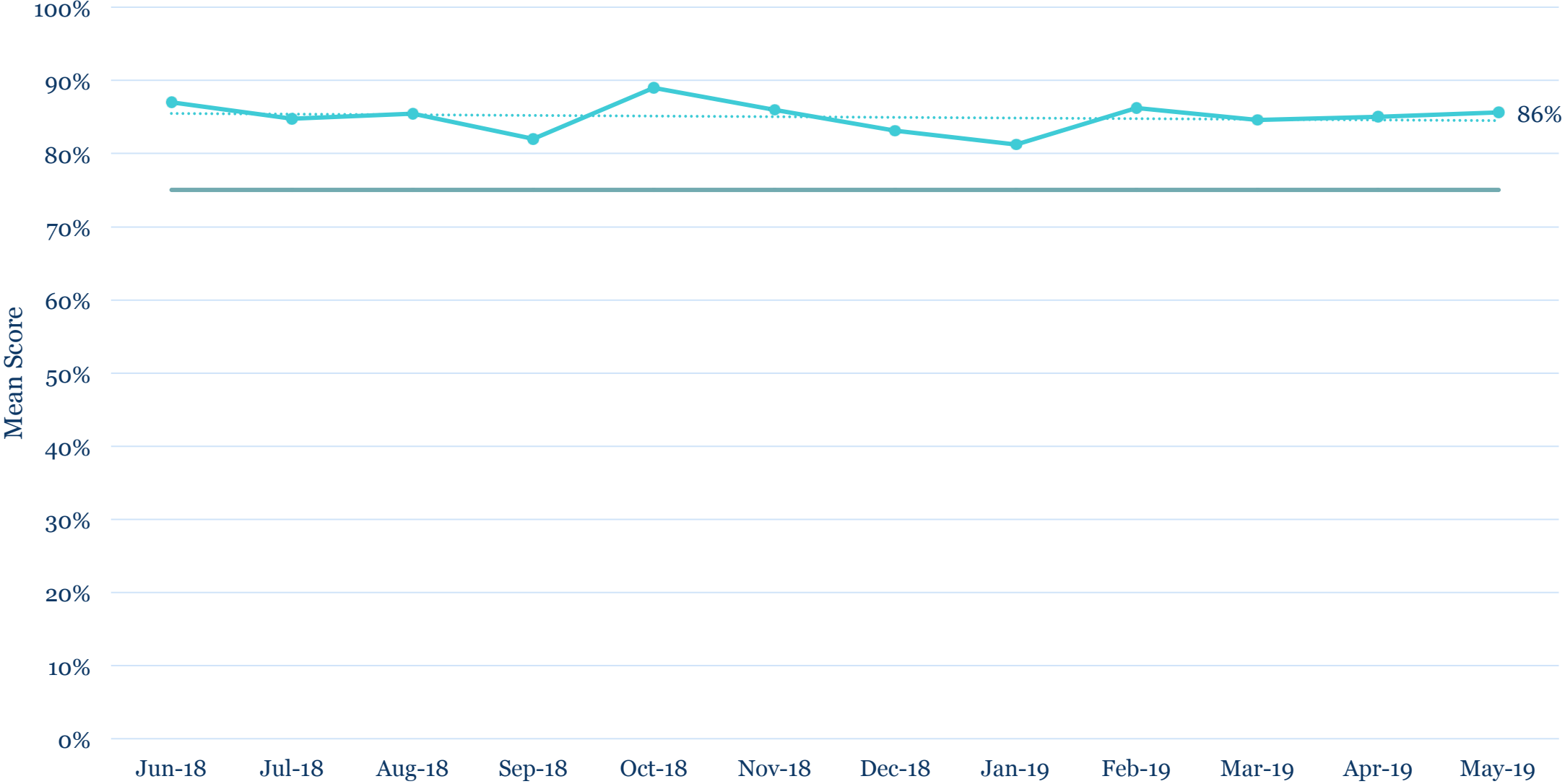


	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
CAUTI	2	1	0	1	0	0	1	3	1	1	1	1
CDI	11	4	5	4	2	10	4	4	6	2	6	5
CLABSI	1	0	2	3	0	0	0	2	1	0	4	2
MRSA	0	0	0	1	0	0	1	0	1	0	1	0

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

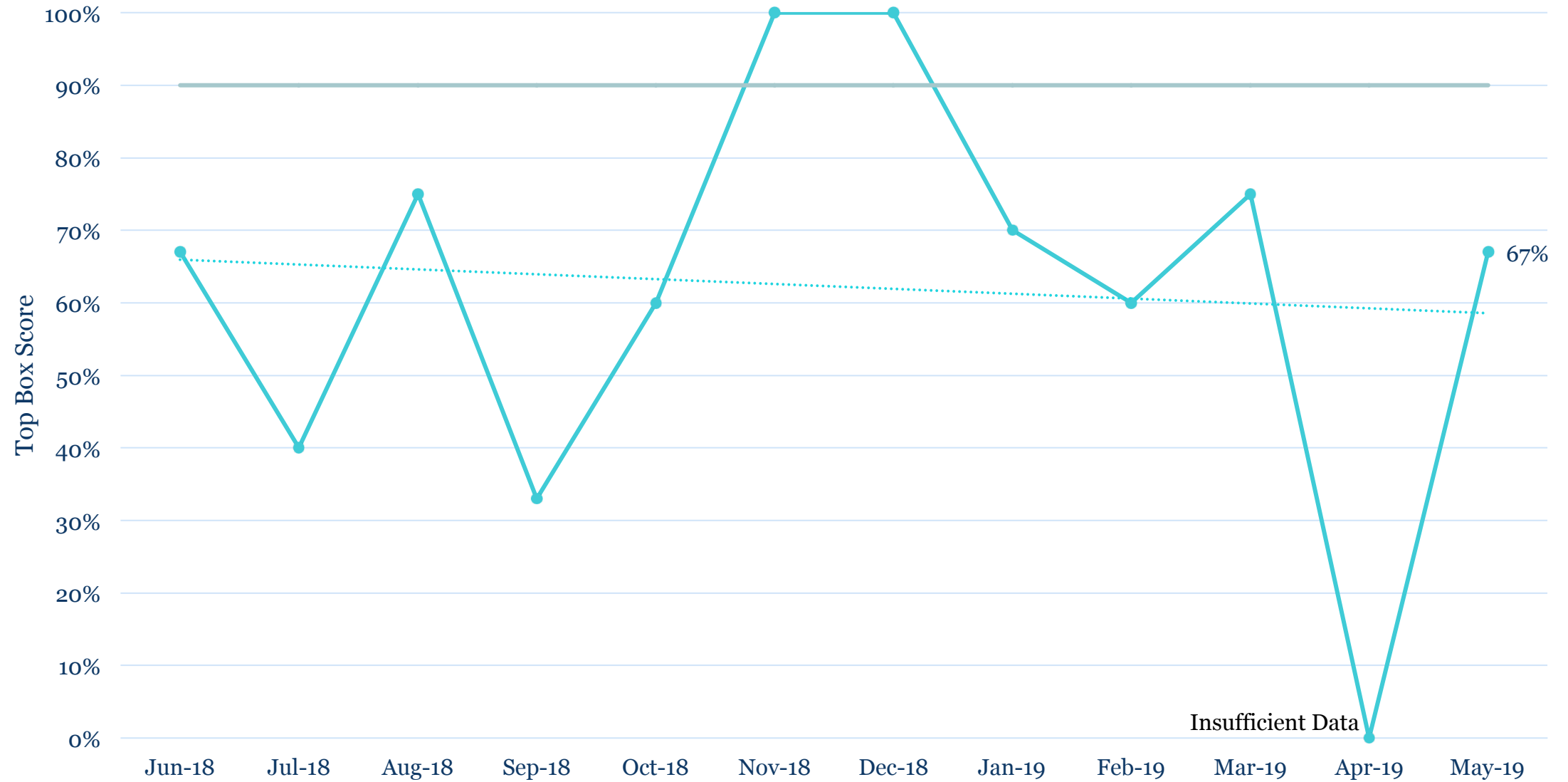
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



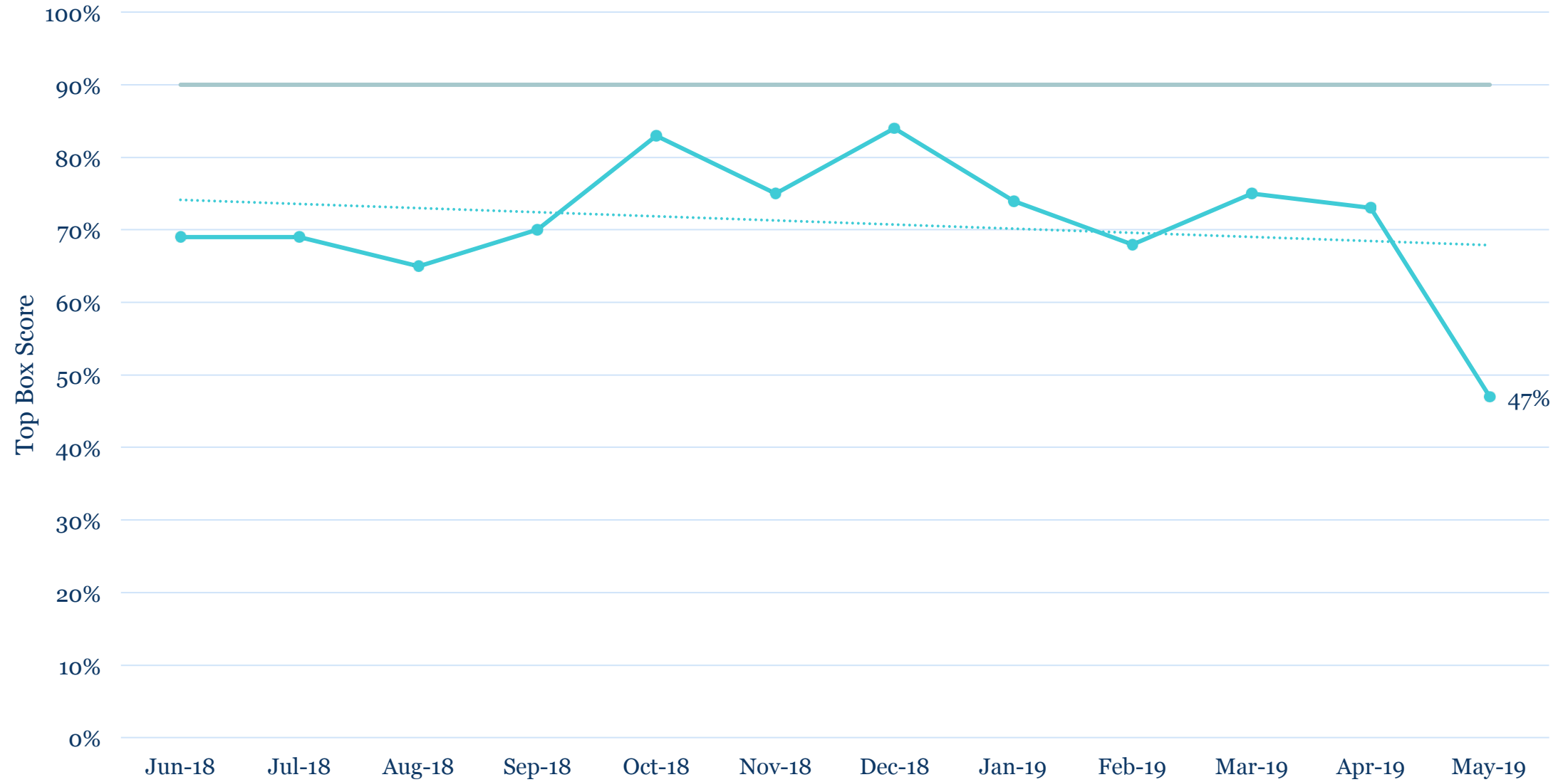
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Cook County Health and Hospitals System
Board of Directors Meeting
June 28, 2019

ATTACHMENT #6

Cook County Health Board Attendance - 2019

<u>Board</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
Hammock, Chair	X	X	X
Deer	X	X	
Driscoll	X	X	X
Gugenheim	X	X	X
Koetting	X	X	X
Munar			Phone
Prendergast	X	X	X
Reiter	X	X	X
Richardson-Lowry	Phone	X	X
Suleiman Gonzalez	X	X	X
Thomas	X	X	X

<u>Finance Committee:</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
Reiter, Chair	X		X
Deer			X
Munar	X	X	Phone
Richardson-Lowry	Phone	X	
Scheer			X
Hammock	X	X	X
Driscoll	X	X	X
Gugenheim	X	X	X
Koetting	X	X	X
Suleiman Gonzalez	X		

<u>Human Resources Committee:</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
	no meeting scheduled		no meeting scheduled
Richardson-Lowry, Chair		X	
Driscoll		X	
Prendergast			
Thomas			
Non- Board Member			
Hammock		X	

Cook County Health Board Attendance - 2019

<u>Quality & Patient Safety Committee:</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
Gugenheim, Chair	X	X	X
Driscoll	X	X	X
Prendergast			X
Suleiman Gonzalez	X		Phone
Merryweather	X		X
Kim			X
Driscoll, Pat	X	Phone	X
Hammock	X	X	X
Deer			X
Koetting	X	X	X
Munar		X	
Richardson-Lowry		X	

<u>Audit & Compliance Committee:</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
		no meeting scheduled	no meeting scheduled
Koetting, Chair	X		
Deer	X		
Gugenheim	X		
Reiter	X		
Suleiman Gonzalez			
Bauman	Phone		
Hammock	Phone		
Richardson-Lowry	X		
Thomas	X		

<u>Managed Care Committee:</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>
		no meeting scheduled	no meeting scheduled
Thomas, Chair	X		
Koetting	X		
Munar	Phone		
Non- Board Member			
Hammock	Phone		
Gugenheim	X		

Cook County Health and Hospitals System
Board of Directors Meeting
June 28, 2019

ATTACHMENT #7



COOK COUNTY HEALTH

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
June 28, 2019

Employee Recognition

For the past 18 months, the Cook County Health dialysis unit has had zero vascular access infections. Despite very high volumes with a large number of high-risk patients, the staff was able to exceed the national benchmark. Congratulations to the CCH dialysis staff **Tavia Davis, Sinumon George, Annette Glenn, Elliot Isewede, Beena Jayamon, Kyung Sook Lee, Diane Mensah, Justin Robinson, Kimberly Rodriguez, Eva Sacharczuk, Senu Thomas** and infection control nurse **Onofre Donceras** on this accomplishment by providing the safest and best possible care to patients.

Dr. Saurabh Malhotra, Director of Advanced Cardiac Imaging for Cook County Health, has been named as a winner of the Journal of Nuclear Cardiology 2018-2019 Best Clinical Research Award for his original research paper titled, "Relationship between left ventricular dyssynchrony and scar burden in the genesis of ventricular tachyarrhythmia." His paper was selected among dozens of research papers published in the journal last year.

Cook County Health was recently awarded the 2019 Mission: Lifeline STEMI Receiving Center Silver Recognition Award from the American Heart Association. This award places CCH in an elite group of hospitals recognized by the American Heart Association for our dedication to high quality systems of care amongst STEMI Receiving Centers. Congratulations to our STEMI team here today – **Dr. Rami Doukky, Dr. Lauren Smith, Dr. Joseph Palter, Annmarie McDonagh, Dr. Vamsi Kodumuri, Dr. Neha Yadav, Radhamani Nair, Criselda Yulo, Sherly Chorath, Arlet Nedeltcheva, Siby Parekat, Cynthia Jones, Antoinette Gray-Shipp, Reginald Anglin and Rodney Posley** – on this achievement for continuing to deliver the highest quality of care.

Dr. Toyin Adeyemi, Senior Director of HIV Services for Cook County Health, was recently honored by the Bishop Anderson House with the Marion Faldet Award for her service excellence during her two terms on their board. In that time, she conceived and developed an invaluable partnership with the Ruth M. Rothstein CORE Center to enhance the lives of all people living with HIV, whether young or old, which included establishing regular chaplaincy for patients.

After 34 years with Cook County Health, **Horace Boston**, an electrician on the central campus, is retiring. Horace always has a smile on his face and a willingness and graciousness to assist our patience. Horace has been an invaluable asset to the Building and Grounds Team.

Dr. Jeffrey Schaider, Chair of Emergency Medicine since 2005, is retiring after 30 years with Cook County Health. He came to CCH in 1989 as our Associate Program Director in Emergency Medicine and has lead our emergency department to be at the forefront of trauma care with the busiest emergency department in Illinois and one of the busiest in the country. During his tenure, he helped establish CCH as the premier residency program in emergency medicine. In addition to practicing medicine and directing the emergency department, Dr. Schaider has served as the chair of the education committee of the American College of Emergency Physicians, and has authored and edited three widely used emergency medicine textbooks.

Activities and Announcements

- On July 16th at 10:00AM, Cook County Board President Toni Preckwinkle and CCH will break ground on the new Cook County Health Hanson Park clinic at 5501 West Fullerton Avenue. Invitation is attached.

IMPACT 2020 Objective 1.2

- CCH received a grant to promote adolescent care to residents of Ford Heights and the surrounding communities. New materials, posters and digital ads have been deployed. CCH launched a paid digital campaign promoting the Cottage Grove Health Center through a video called, "Be Okay to Play!" The video is available on [YouTube](#) and pops up when anyone visits the Cottage Grove [page](#) on cookcountyhealth.org. Our target audiences are young people, ages 11-21, and moms who live within a 5-mile radius of the Cottage Grove Health Center. The call to action is to schedule appointments by calling Cottage Grove at (708) 753-5800. The campaign will run on Facebook, YouTube, Instagram and Google through the end of August. We will measure impressions and clicks, which will take viewers to the pop up on the website.

As part of our ongoing community outreach in Ford Heights, on Saturday, June 22nd, several CCH employees visited Ford Heights to cheer on and support the Ford Heights Little League program. CCH has been a proud sponsor of the program for the last few years.

IMPACT 2020 Objectives 2.1, 3.7, 7.4



- On June 7th, **Senator Richard Durbin, U.S. Surgeon General, Vice Admiral Jerome Adams** held a roundtable at Stroger Hospital with trauma centers to discuss the problem of **gun violence** and identify opportunities for partnerships and programs including the expansion of programs to address Adverse Childhood Experiences and bring more trauma-informed care to the County. **Cook County Board President Toni Preckwinkle and Cook County Commissioner Dennis Deer** participated in the roundtable as well.

IMPACT 2020 Objectives 6.2, 7.0

Food As Medicine Update

- Through June 6, **CCH's Fresh Truck partnership** with the Greater Chicago Food Depository (GCFD) has resulted in 190 visits to 13 CCH health centers – Arlington Heights, Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 24,785 individuals, representing 82,045 household members, totaling more than 514,250 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit. The **GCFD Fresh Food Truck** visits for the month of July include the following ACHN Health Centers.

July 2 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623

July 9 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615

July 16 – **Woodlawn Health Center** - 6337 S. Woodlawn Avenue, Chicago, IL 60634

July 18 – **Arlington Heights Health Center** – 3250 N. Arlington Heights Road, Arlington Heights, IL 60004

July 19 – **CORE Center** - 2020 W. Harrison Street, Chicago, IL 60612

July 23 – **Logan Square Health Center** - 2840 W. Fullerton Avenue, Chicago, IL 60647

July 25 – **Oak Forest Health Center** - 15900 S. Cicero Ave. Oak Forest, IL 60452

- CCH Fresh Markets** are offered in the south suburbs. Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users with a match on all purchases at CCH Fresh Markets, up to \$20/market/week. **CCH Fresh Markets** schedule is listed below:
 - Oak Forest Health Center on Wednesdays, 9am-2pm
 - Robbins Health Center on Thursdays, 11am-3pm
 - Cottage Grove Health Center on Fridays, 9am-2pm
- Three CCH health centers will host **Summer Meals** during the months when school is not in session. Children 18 years and younger can get free, health meals at the following CCH health centers:
 - Cottage Grove Health Center Monday-Friday, 12pm-1:15pm
June 10 through August 23 (closed July 4-5, August 2)
 - Englewood Health Center Monday-Friday, 11am-12:30pm
June 25 through August 30 (closed July 4)
 - Robbins Health Center Monday-Friday, 11:30am-12pm
June 24 through August 30 (closed July 4)

Children are not required to be a current patient of CCH to access Summer Meals.

IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4

State

- The Illinois General Assembly concluded their Spring 2019 session on June 2.

While the session did not end on the scheduled deadline of May 31, major pieces of legislation, including a balanced state FY2020 budget, a constitutional amendment allowing for a graduate income tax along with accompanying rates, a Medicaid omnibus bill, a new assessment on managed care, gaming expansion, a comprehensive capital bill along with new revenue sources, recreational cannabis, and the Reproductive Health Act, were passed by the General Assembly.

The Governor has 60 days to take action on bills that are sent to him by the General Assembly. If he takes no action, the bill goes into effect on day 61.

- SB1321, also referred to as the Medicaid Omnibus Bill, passed the House and Senate unanimously; the Governor is expected to sign it.

SB1321 intends to address challenges with the state's eligibility system and resulting delays in processing Medicaid applications and redeterminations. The bill also seeks to improve the relationship between providers and Medicaid MCOs by requiring HFS to establish a claims dispute resolution process, establishing policies and timelines for MCOs to update provider rosters, and ensuring stakeholder engagement in efforts to improve MCO operations and further develop value-based payment models. The bill goes into effect upon becoming law.

CCH reviewed and provided input towards the Medicaid omnibus bill from its perspective as both a health care provider and a Medicaid managed care plan.

- SB687/PA 101-0008 establishes six new tiers of state income tax rates, instead of the single rate of 4.95% that presently applies to all income levels. PA 101-0008 can only go into effect if the associated constitutional amendment (SJRCA 1) is approved by voters in November 2020, which requires 60% of the "yes" votes OR a simple majority of "yes" votes among *all* ballots cast.

According to the Governor's office, 97% of filers should see a tax reduction with the new tax rates. The new tax rates would only apply to incomes in the specific brackets, while those in the highest tier (those earning more than \$750,000 for single filers and those earning more than \$1M for joint filers) would have their entire income taxed at the highest tier (7.99%). Currently the flat tax rate is 4.95%

New rates would be effective no earlier than January 1, 2021.

- The House and Senate passed a comprehensive capital bill ([HB62](#)) that includes vertical and horizontal projects, funded by new state bonding, gaming expansion revenue, doubling the motor fuel tax, a \$1/pack increase in the state cigarette tax, and other increases on various taxes and fees ([SB690](#) and [SB1939](#)).

The bills passed with bipartisan support from both chambers. These package of bills have been sent to the Governor and await his action. In addition to individual projects named in HB62, the capital bill also includes \$200M for "Hospital and Healthcare Transformation" and \$50M for "the Community Health Center Construction Act".

The bills are effective July 1, 2019 unless otherwise noted.

- With the September 30 end of the federal fiscal year looming, the House completed work on the first package of appropriations for FY 2020, including funding for the U.S. Department of Health and Human Services (HHS). While a deal to lift the statutory budget caps under the Budget Control Act of 2011 remained elusive, House

appropriators moved ahead with their FY 2020 appropriations bills. Meanwhile the committees of jurisdiction continued bi-partisan work on measures to reign in prescription drug prices.

- On June 12-13 Dr. Shannon and President Preckwinkle traveled to Washington DC to meet with members of the Illinois Congressional delegation. Topics of discussion included the importance to Cook County Health of Medicaid disproportionate share hospital (DSH) payments and the 340B Prescription Drug Discount Program.

DSH funding is set to expire September 30, 2019. In FY19 CCHHS will receive \$157M in DSH funding. If the cuts go into effect on October 1st, Cook County Health would lose \$22M this coming year. Dr. Shannon and President Preckwinkle urged members of the delegation to extend DSH funding into FFY2020 and beyond.

Congress established the 340B program more than 20 years ago to provide financial relief from high prescription drug costs to safety-net hospitals. The 340B program provides Cook County Health with approximately \$120M in annual savings. The savings realized from this program allow us to not only to provide much needed pharmaceuticals but also frees up our limited resources to provide additional health services for our uninsured and low-income patients. Any efforts to reduce or scale back the 340B program would significantly impact our ability to continue to serve the most vulnerable patients in Cook County.

Budget and Appropriations

- On June 19, Senate Majority Leader Mitch McConnell (R-KY), hosted the first meeting since May with House Speaker Nancy Pelosi (D-CA), Senate Minority Leader Chuck Schumer (D-NY), House Minority Leader Kevin McCarthy (R-CA), Treasury Secretary Steve Mnuchin and Acting White House Chief of Staff Mick Mulvaney in pursuit of an agreement to lift the statutory budget caps under the Budget Control Act of 2011. If they fail to reach agreement, automatic across the board cuts, called sequestration, would be imposed, amounting to about ten percent for most federal programs.

Meanwhile the House took up the first FY 2020 appropriations “minibus,” which included four regular bills reported out by the full Committee on Appropriations: Labor-HHS-Education (H.R. 2740), Defense (H.R. 2968), State-Foreign Operations (H.R. 2839), and Energy and Water (H.R. 2960). After several days of floor consideration over two weeks, including votes on hundreds of amendments, the House voted to approve the measure 226-203 on June 19.

The bill funds HHS at \$99.4 billion, which is \$8.9 billion more than the FY 2019 level and \$21.3 billion above the President’s budget request. The bill includes policy riders which would block the Administration from implementing regulations to expand short term health plans and allow health care workers to refuse to give care on religious or moral grounds. The President has issued a veto threat against the bill, citing the increased domestic spending levels and restrictions on his policy initiatives.

Meanwhile, Senate appropriators have not introduced any of their annual spending bills. Senate Appropriations Chairman Richard Shelby (R-AL) has said that if a deal on new budget caps has not been achieved by July 1 then he would pick proxy numbers to start moving the FY 2020 bills.

Medicaid

- On June 4 the House Energy and Commerce Committee Subcommittee on Health held a hearing on the so-called “health care extenders” – programs whose authorization or funding runs out and must be extended. Panel members on both sides of the aisle expressed support for the programs including community health centers, the National Health Service Corps and teaching health center GME and others. The subcommittee also discussed legislation (H.R. 3022) introduced by Rep. Elliot Engel (D-NY) which would repeal the Affordable Care Act’s reductions to Medicaid disproportionate share hospital (DSH) payments. While all the subcommittee members who spoke on the subject agreed that the cuts to DSH should not go into effect, Republican members objected

to the Engel bill because it is not paid for and because it does not rebalance Medicaid DSH state allocations, which they argue are out of date and not fair.

Cook County Representative Bobby Rush (D-IL) made a strong statement in support of the Medicaid DSH program and its importance to CCH during the hearing.

Health Care Costs

- On June 18 the Senate Health Education Labor and Pensions (HELP) Committee held a hearing on draft legislation aimed at reducing health care costs. On June 19 the committee released the bill, S.1895, the Lower Health Care Costs Act of 2019. The bill contains provisions designed to address surprise billing, reduce prescription drug prices, promote transparency, improve public health and improve the exchange of health information. The public health provisions include:
 - a national campaign to improve awareness of the safety and effectiveness of vaccines and combat misinformation;
 - directs HHS to develop and disseminate a guide for state and local health departments on evidence-based strategies for public health department obesity prevention programs;
 - authorizes grants for local health departments to modernize their public health data systems;
 - establishes a maternal health grant program for the training of health care professionals to reduce and prevent discrimination, including training related to implicit biases, in the provision of health care services related to prenatal care, labor care, birthing, and postpartum care;
 - requires a study on training to reduce and prevent discrimination;
 - requires CDC to set up state perinatal quality collaboratives;
 - authorizes HHS to award grants to states for providing integrated services for pregnant and postpartum women; and
 - extends mandatory funding for community health centers, the National Health Service Corps, and teaching health centers that operate GME programs.

The HELP Committee will mark the bill up the week of June 24.

The Senate Finance Committee plans to roll out its bipartisan package of provisions in its jurisdiction, including Medicare and Medicaid, after the July Fourth recess.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.

Community Outreach

- July 10 Cook County Health and CountyCare promotion at **Aids Foundation Chicago Women's Connection Summit** which will take place at the Compassion Baptist Church located at 2650 E. 95th Street in Chicago. The Women's Connection Summit is a resource fair designed to bring together local service providers to create a "one-stop" environment for individuals that are facing adverse situations such as homelessness or drug addiction. We will highlight the services provided by the CORE Center and the affiliates at Provident Hospital, SSHARC, and Austin CDC.
- July 12 Cook County Health promotion at the **Bremen Township Produce Event**, hosted by the Township in collaboration with **Together We Cope** at the Township building, located at 16361 S. Kedzie Avenue in Markham. Special promotion of the Fresh Markets of Cottage Grove, Oak Forest and Robbins will take place at this event.
- July 12 Cook County Health and CountyCare promotion at the **Metropolitan Family Services' Resource Fair for the Community** which will take place at their facility located at 3843 W. 63rd Street in Chicago.
- July 12 Cook County Health and CountyCare promotion at the **Hanover Park Park District's Cops Day Picnic** which is hosted by **Hanover Park Police Department** and will take place at the Park District facilities located at 1919 Walnut Avenue in Hanover Park. The picnic brings the opportunity for residents and surrounding communities to learn about the services available from various organizations including the nearby Arlington Heights Health Center.
- July 13 Cook County Health and CountyCare promotion at the **Power of Praise Church's Great Commission Community Health Event** which will take place at the church located at 544 West 119th Street in Chicago. This second annual event will focus on health related issues to improve the Roseland community.
- July 19 Cook County Health and CountyCare promotion at the **Empowering by Faith Outreach Ministries' Community Health Fair** which takes place at the Body of Christ Deliverance Ministries located at 741 W. 115th Street in Chicago. The goal of this event is to make residents aware of all the resources available that can meet their needs in the Roseland and Pullman communities.
- July 19 Cook County Health and CountyCare promotion at the **Center For Health Services' Summer Celebration Community Health & Resource Fair** which will take place at the Barrington Square Mall Center located at 2350 W Higgins Road in Hoffman Estates.
- July 20 Cook County Health and CountyCare promotion at the **Simeon Alumni Cookout** which is will take place at Green Lake Woods Groves located at 1- 5 Thorn Creek Division Level, 15803 Torrence Avenue in Calumet City. The Simeon Alumni Cookout will have over 1,000 participants and the event brings local and region-wide resources to participants so that they can disseminate the information to residents, friends, and alumni.
- July 20 Cook County Health and CountyCare promotion at **University Church Family Resource Day** which takes place at the church located at 5655 South University in Chicago.
- July 20 Cook County Health and CountyCare promotion at the **Peer Plus Education's 3rd Annual Taste Of Gospel Picnic Fair** which will take place in Washington Park located at 5100 S. Cottage Grove in Chicago. The Taste of Gospel will have a health pavilion that will include health screenings such as blood pressure, cholesterol, and diabetes.

- July 21 Cook County Health and CountyCare promotion at the **New Bethlehem's Family and Friends Community Day** which will take place at the church located at 8850 S. Cottage Grove in Chicago.
- July 23 Cook County Health and CountyCare promotion at the **Children Center Community Baby Shower sponsored by Meridian Health Plan** which will take place at the Town of Cicero Community Center located at 2250 S. 49th Avenue in Cicero. Expecting and New moms will receive educational information via speakers on the importance of prenatal and post-natal care, post-partum care, early periodic screenings, and childhood immunizations. Staff from the **Cicero Health Center** will attend to promote the services provided at their facility.
- July 26 Cook County Health and CountyCare promotion at the **Centro Comunitario Juan Diego's Health Fair Under the Sun** which will take place at the Center located at 8812 S. Commercial Avenue in Chicago. Health Fair Under the Sun is an annual event in the South Chicago community that focuses on the entire family.
- July 27 Cook County Health and CountyCare promotion at the **UChicago Medicine Ingalls Memorial Kid Fest** which takes place at the Family Christian Health Center located at 31 W. 155th Street in Harvey. This Back to School Health Fair for community residents so that children can receive necessary physicals, health screenings and immunizations prior to the start of school.
- July 27 Cook County Health and CountyCare promotion at **Evening Star Baptist Church's Annual Back to School Community Crusade** which takes place at the church located at 2050 W. 59th Street in Chicago.
- July 27 Cook County Health and CountyCare promotion at the **Catholic Charities Health Fair**, which will take place at Our Lady of Mount Carmel Church located at 1115 23rd Avenue in Melrose Park. Catholic Charities runs exam-based Health Fairs in the most medically underserved communities in the Chicago area. They team up with nurses, physicians, dentists, podiatrists, and ophthalmologists, who donate their time every year to make the highest quality health fairs possible.
- July 31 Cook County Health and CountyCare promotion at the **Prairie Green at Dixie Crossing's Community Resource Fair** which will take place at their facility located at 1040 Dixie Highway in Chicago Heights.
- July 31 Cook County Health promotion at the **Robbins Health Center of Cook County's Back to School Health Fair**, which will take place in the health center located at 13450 S. Kedzie Avenue in Robbins. Pediatric patients from the Robbins Health Center will have the opportunity to receive immunizations, school physicals and dental screenings. Several local non-profit and governmental organizations will also serve as vendors to provide resources and information.

Cook County Health and Hospitals System
Board of Directors Meeting
June 28, 2019

ATTACHMENT #8



COOK COUNTY HEALTH ANNUAL BUSINESS DIVERSITY REPORT PRESENTATION FISCAL YEAR 2018

TONI PRECKWINKLE, PRESIDENT

COOK COUNTY BOARD OF COMMISSIONERS

COMMISSIONER STANLEY MOORE, CHAIRMAN

COMMITTEE ON CONTRACT COMPLIANCE

EDWARD H. OLIVIERI, DIRECTOR

OFFICE OF CONTRACT COMPLIANCE

MISSION

The mission of the Office of Contract Compliance (OCC) is to ensure the full and equitable participation of minority, women and veteran-owned businesses (MBE/WBE/VBE) in the procurement process as both prime and sub-contractors for Cook County Government and Cook County Health and Hospitals Systems (CCH). The OCC seeks greater inclusion of MBE, WBE and VBEs on County and CCH contracts by conducting outreach activities to the business community about the County's Program.

HISTORY OF M/WBE PROGRAM

- First enacted in 1988, the M/WBE Program was designed to remediate past County discrimination against minorities and women on construction contracts.
- The Program evolved over time to apply also to goods and services contracts, as well as professional services contracts; ultimately being extended to health and hospital contracts.
- In 2000, the construction portion of the Program was ruled unconstitutional, and Cook County was without M/WBE participation on construction contracts for several years.
- Under the leadership of President Preckwinkle, the Program now is on firm constitutional footing supported by Cook County's first ever Disparity Study in 2013.

CONSTITUTIONALLY DEFENSIBLE PROGRAM

- The Program is subject to Strict Scrutiny, the most exacting form of judicial review, which requires that Cook County establish 1) that the County participated in discrimination against minorities and women; and 2) that its program to remedy those past wrongs is narrowly tailored to accomplish its remedial purpose.
- The Program follows the format of the federal DBE program which includes caps on personal net worth and adherence to the SBA size standards.
- The Program is supported by a Disparity Study and includes a sunset date to ensure continuous econometric analysis to justify the Program's maintenance

NARROWLY TAILORED PROGRAM

- Goals are set on a contract-by-contract basis, no blanket goals or quotas
 - Size of the contract, term of the contract, amount of subcontracting opportunity, availability of M/WBEs to provide a commercially useful function on the contract
- Waiver Review Process when Good Faith Efforts to achieve the goals are demonstrated
- Race and Gender-Neutral Measures to remedy past discrimination
 - Prompt Payment Provision in Cook County Ordinance
 - Outreach Program (OCC, Supply Chain Management and User Departments partnering with Commissioners, Assist Agencies and other units of government)
 - Anti-Discrimination Enforcement (Cook County Commission on Human Rights, OIIG, OCC)
 - Unbundling large contracts (OCC, Supply Chain Management and User Departments)
 - Holding pre-bid conferences (Supply Chain Management)
 - Providing timely information on contracting opportunities and establishing schedules for submitting bids with adequate time (OCC and Supply Chain Management)

OFFICE OF CONTRACT COMPLIANCE: WHAT WE DO

Certification	Certify Minority-, Women-, Veteran- and Service Disabled Veteran and Person with Disability-Owned Business Enterprise
Compliance	Set contract goals; Evaluate waiver requests; Track and monitor contracts for compliance on the committed level of M/WBE participation
Outreach	Conduct vendor outreach activities

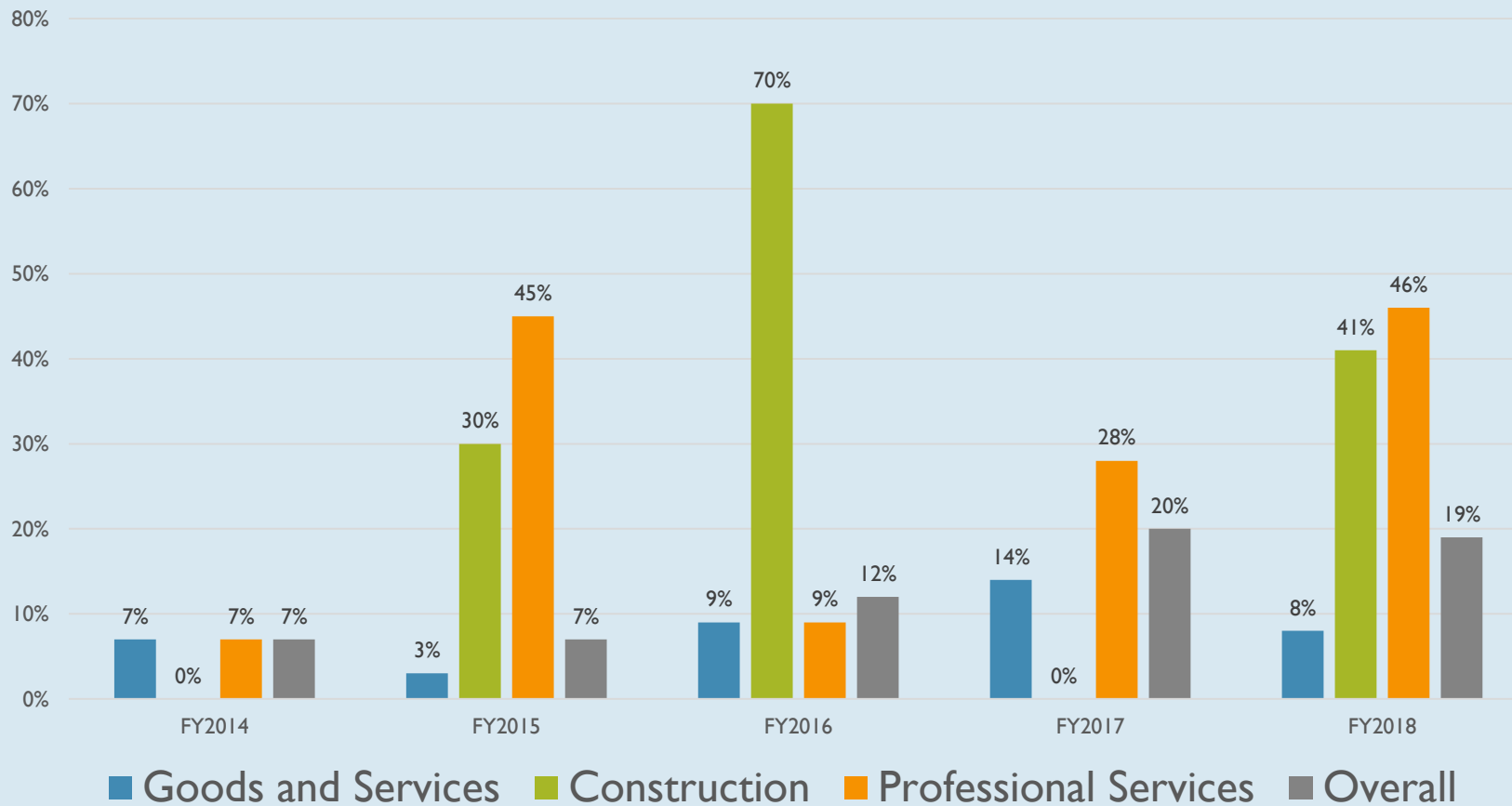
M/WBE PARTICIPATION @



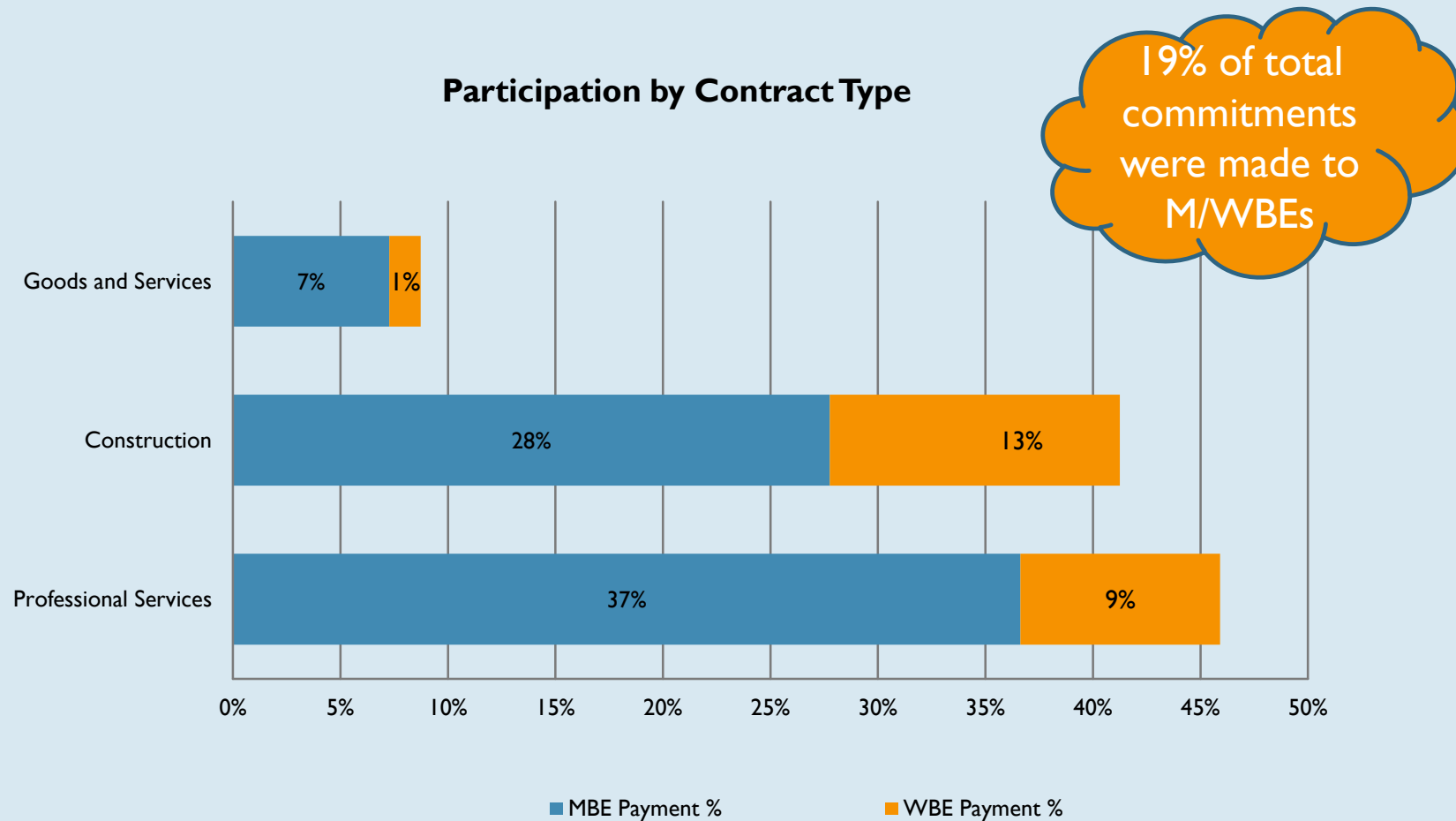
COOK COUNTY
HEALTH

- The Office of Contract Compliance enforces the M/WBE Ordinance on Cook County Health and Hospital System contracts
- OCC sets M/WBE goals on CCH contracts, reviews waiver requests, monitors compliance on contract goals
- OCC collaborates with CCH Department of Supply Chain Management to source all CCH procurements across the three contract categories: Goods and Services; Construction and Professional Services
- OCC monitors contracts that are traditionally let and that are submitted to Vizient, Inc., CCH's Group Purchasing Organization
- OCC and CCH engage in outreach to expand M/WBE participation on CCH contracts

COOK COUNTY HEALTH COMPARISON OF COMMITMENTS BY FISCAL YEAR AND CATEGORY FY2014-FY2018



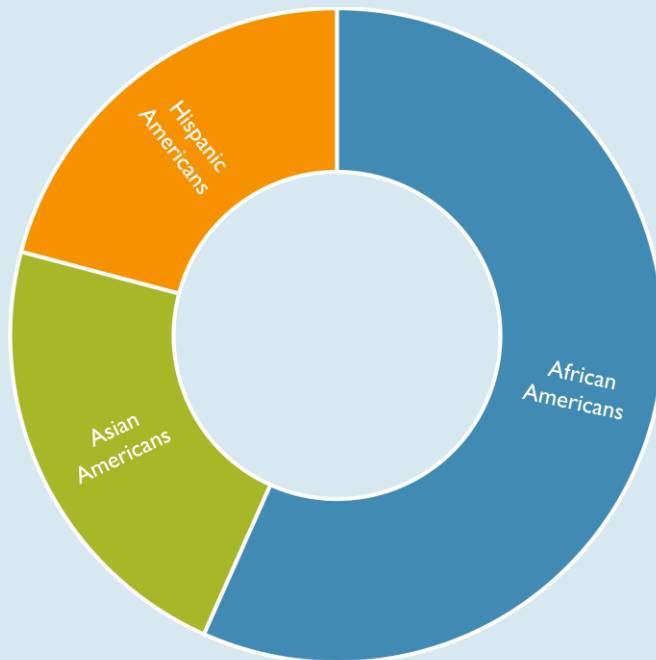
COOK COUNTY HEALTH M/WBE COMMITMENTS FY2018



COOK COUNTY HEALTH FY2018 M/WBE COMMITMENTS BY ETHNICITY

MBE Participation by Ethnicity

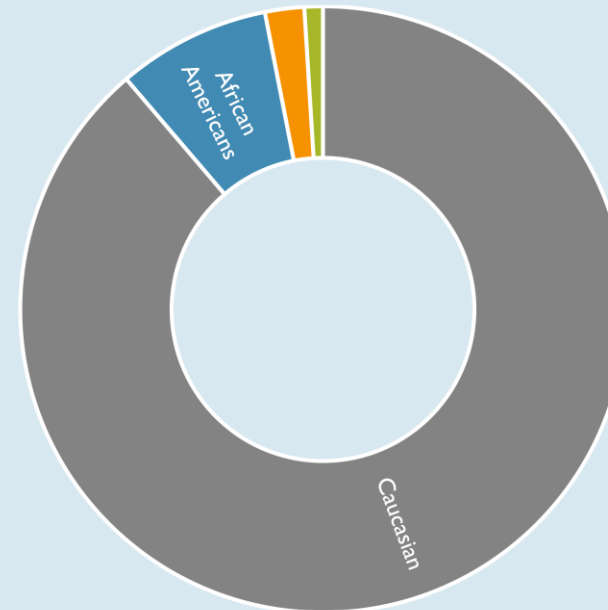
■ African Americans ■ Asian Americans ■ Hispanic Americans



African American 57% Asian American 22%
Hispanic American 21%

WBE Participation by Ethnicity

■ African Americans ■ Asian Americans
■ Hispanic Americans ■ Caucasian

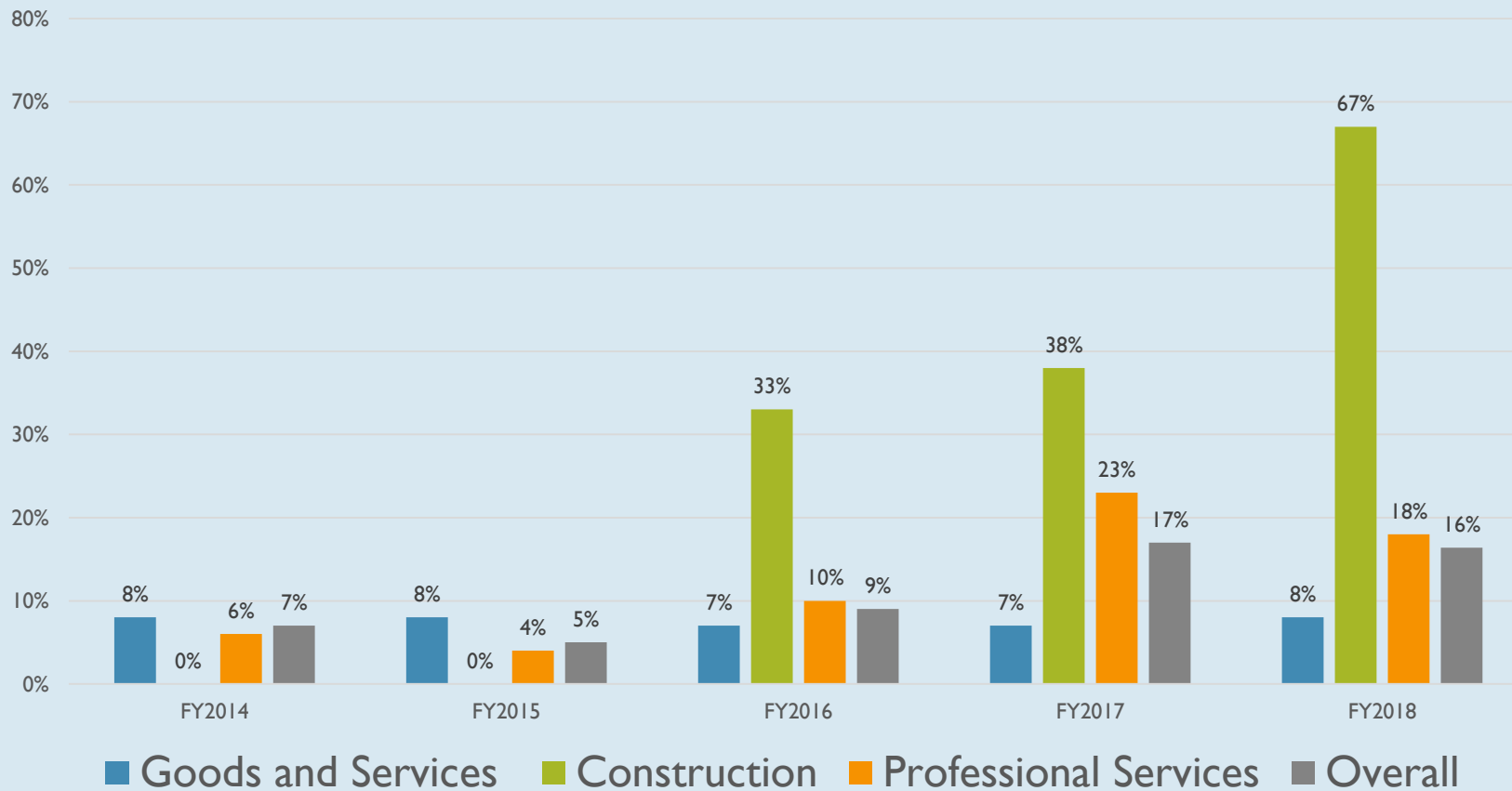


African American 8% Asian American 0%
Hispanic American 2% Caucasian 90%

COOK COUNTY HEALTH FY2018 COMMITMENT HIGHLIGHTS

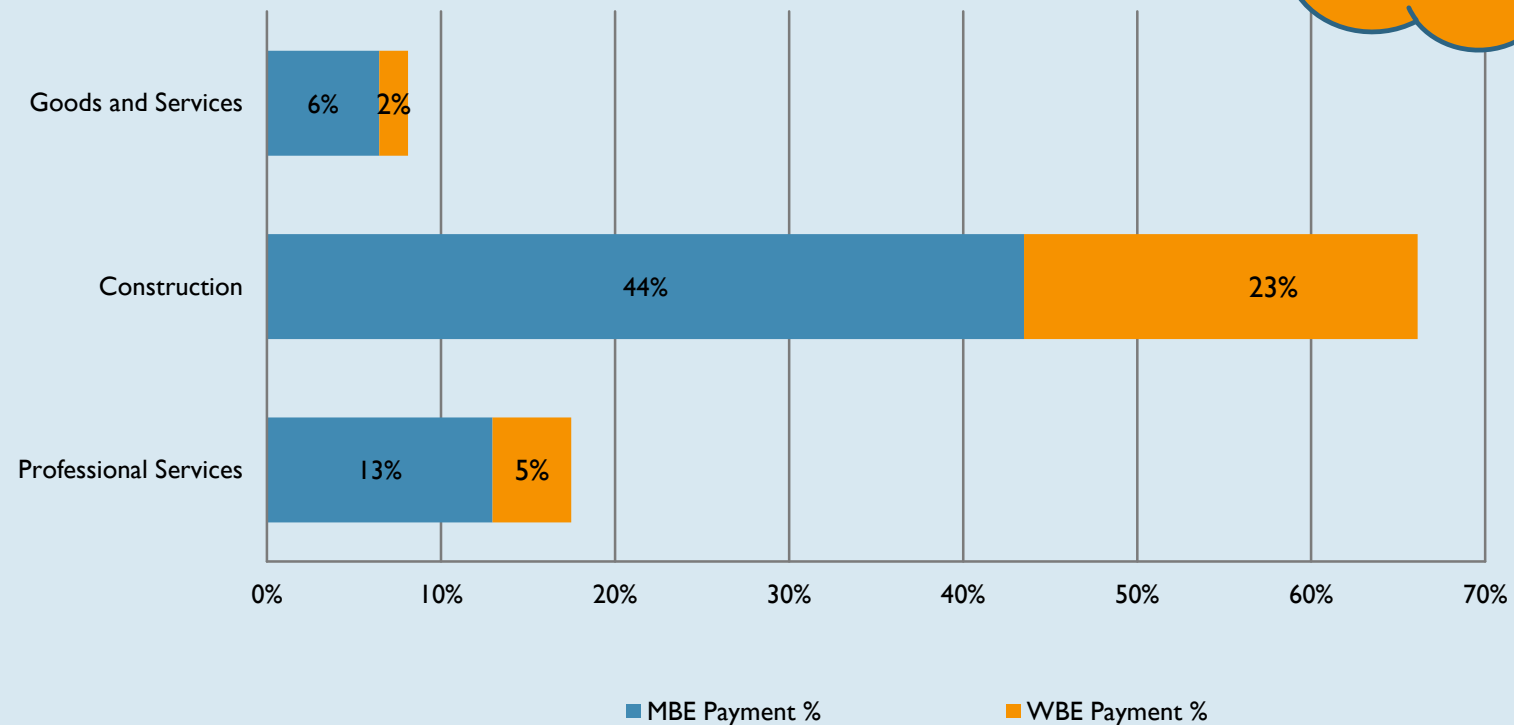
- \$26,763,548 Committed to MBEs
- \$6,765,886 Committed to WBEs
- 46% of Professional Services Commitments made to M/WBEs, the highest ever
- 41% of Construction Commitments made to M/WBEs, second highest ever
- \$15,021,613 (56%) of MBE Commitments were made to Women-Owned MBEs
- \$8,205,864 in Sole Source Commitments were made to M/WBEs
- Excluding Zero Goal and Sole Source Contracts, CCH Commitments to M/WBEs is 31.3%
- CCH FY2018 Commitments and Payments nearly tripled in three years.

COOK COUNTY HEALTH COMPARISON OF PAYMENTS BY FISCAL YEAR AND CATEGORY FY2014-FY2018



COOK COUNTY HEALTH M/WBE PAYMENTS FY2018

Participation by Contract Type

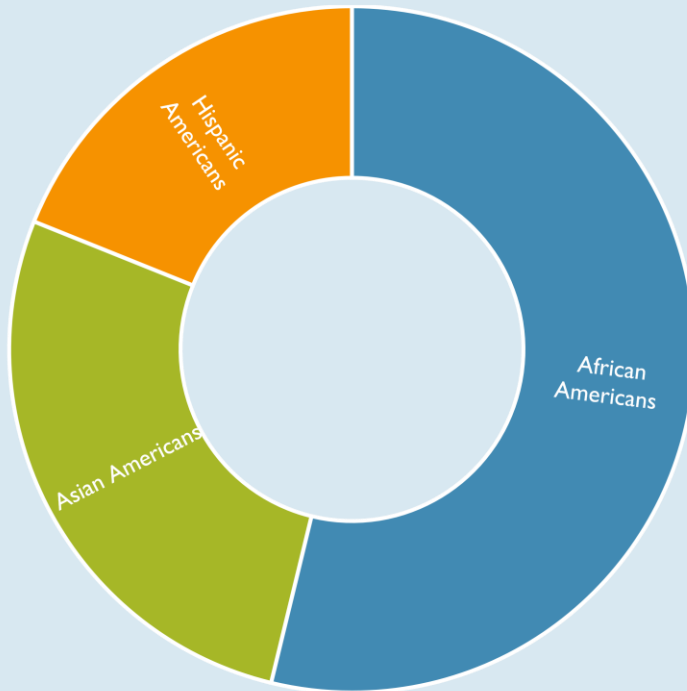


16.4% of total
payments
were made to
M/WBEs

COOK COUNTY HEALTH FY2018 M/WBE PAYMENTS BY ETHNICITY

MBE Payments by Ethnicity

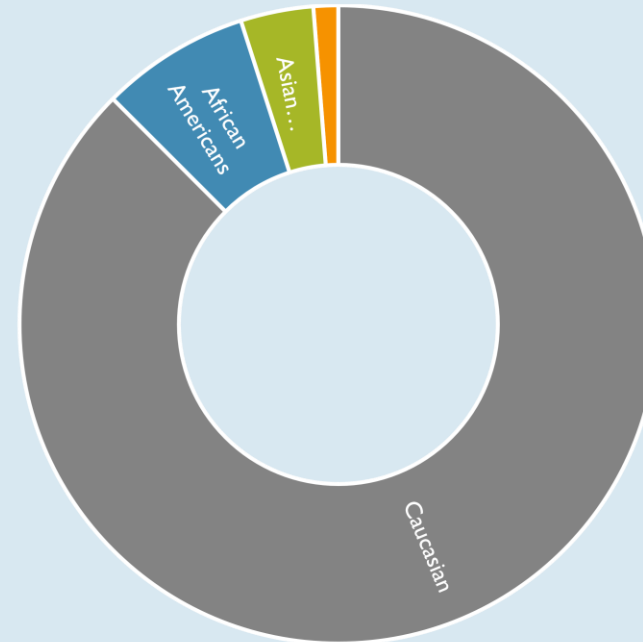
■ African Americans ■ Asian Americans ■ Hispanic Americans



African American 54% Asian American 27%
Hispanic American 19%

WBE Payments by Ethnicity

■ African Americans ■ Asian Americans
■ Hispanic Americans ■ Caucasian



African American 8% Asian American 4%
Hispanic American 1% Caucasian 87%

COOK COUNTY HEALTH FY2018 PAYMENT HIGHLIGHTS

- \$41,522,583 Paid to MBEs
- \$15,445,996 Paid to WBEs
- 67% of Construction Payments made to M/WBEs
- \$14,824,768 (36%) of MBE Payments were made to Women-Owned MBEs
- \$6,500,473 Paid to M/WBEs on Sole Source Contracts

WHAT'S NEXT AT CCH?

- New Contract with Ralph G. Moore & Associates to consult on implementing best practices to increase M/WBE participation @ CCH; and reviewing CCH aspirational goals
- FY2020 Buying Plan
- Implementation on OCC Outreach Program (Targeted Outreach in Healthcare & Leveraging Assist Agency Resources to increase M/WBE Capacity)



Cook County Health and Hospitals System
Board of Directors Meeting
June 28, 2019

ATTACHMENT #9

Strategic Planning FY 2020-2022



John Jay Shannon, MD
Chief Executive Officer

June 28, 2019



COOK COUNTY
HEALTH

Deliver High Quality Care

Objective	Highlighted Strategies
<p>1.1 Continuously improve clinical operations, practices and procedures across CCH to enhance quality, reliability, safety and efficiency. Achieve zero harm.</p>	1.1 A Develop specific strategies and implementation plans related to the quality pillars (patient experience, readmissions, safe processes of care, clinical documentation, ambulatory pay for performance, and mortality).
	1.1 B Establish maternal/child health services at the community centers as key providers of maternal/child services. Assess and pilot additional strategies to support the continuum of maternal health services throughout the system.
	1.1 C Enhance and reinforce organizational practices that improve a culture of safety and result in safe patient outcomes.
	1.1 D Improve the health status of patients by implementing the tenants of the medical home and practices that provide value.
	1.1 F Improve inpatient and ambulatory patient care by adopting strategies that move towards nursing Magnet® certification.
	1.1 G Assure reliable supply chain to provide timely and safe clinical practice.
	1.1 H Deploy appropriate emerging technology to improve portability and functionality.

Deliver High Quality Care

Objective	Highlighted Strategies
<p>1.1 Continuously improve clinical operations, practices and procedures across CCH to enhance quality, reliability, safety and efficiency. Achieve zero harm.</p>	<p>1.1 I Leverage IT in the clinical environment by using Artificial Intelligence and predictive analytics to improve patient care. Review the electronic medical record and determine if there are any untapped management tools to activate.</p>
	<p>1.1 J Implement data governance model to improve data integrity and provide meaningful and timely reports to measure service performance to external benchmarks. Increase independent user access to data dashboards to improve knowledge, decision making and patient care.</p>
	<p>1.1 K Optimize health system integration and care transitions to benefit patients and the health system using an approach that is consistent with evidence-based practices.</p>
	<p>1.1 L Modernize information technology infrastructure to improve the patient experience.</p>
	<p>1.1 M Assess contribution of Race, Ethnicity, and Language (REaL) factors to adverse events and develop mitigation strategies. Assess the contribution of disparities to health outcomes and adverse events. Determine if a patient's cultural or racial factors contribute to adverse outcomes and evaluate the causes of these outcomes. Focus quality efforts in areas that are directly impacted by disparities.</p>
	<p>1.1 N Deploy applications that enhance services and facilitate exchange of clinical and public health data.</p>
	<p>1.1 O Launch culturally-tailored health promotion programming and interventions. Shape our health centers to be culturally and linguistically sensitive.</p>

Deliver High Quality Care

Objective	Highlighted Strategy
1.2 Develop systems that meet or exceed expectations and enhance the patient experience.	1.2 A Implement best practices to enhance patient experience using data from patient satisfaction surveys. Use improvement strategies and support leadership strategies at the unit, department and site levels.
	1.2 B Develop comprehensive cultural competency strategy.
	1.2 C Launch initiatives focused on customer service, patient conveniences. (e.g. Quiet Campaign)
1.3 Improve the availability of and access to health care, especially preventive care, for Cook County residents.	1.3 A Enhance strategic partnerships with community providers.
	1.3 B Develop a roadmap of service needs by conducting a geographic analysis of providers, income, disease prevalence, etc., throughout the County to determine gaps in health services and recommend a service delivery plan.
	1.3 C Complete master facilities plan and make investments to make CCH more competitive.
	1.3 D Develop a comprehensive patient education strategy (e.g. diabetes prevention training, prenatal education, blood pressure self testing)
	1.3 E Take advantage of state and federal initiatives to innovate care delivery services and programs, beneficial to patients and members.
	1.3 F Mature behavioral health portfolio.
	1.3 G Implement operational improvements to tap into unused capacity and create more access.



Deliver High Quality Care

Objective	Highlighted Strategy
1.4 Ensure there is a continuum of services to meet evolving needs to ensure continuity of care and meet patient needs at all stages of their lives.	1.4 A Conduct analysis of services and identify gaps in the continuum of care to build valuable strategies for special populations (e.g. elderly, disabled, etc.).
1.5 Integrate services with correctional health to reduce the jail population by ensuring continuation of care when individuals are released from correctional or detention facilities and reside in Cook County.	1.5 A Improve transitions of care to the community through enhanced discharge planning.

Grow to Serve and Compete

Objective	Highlighted Strategies
2.1 Establish CCH as a provider of choice	2.1 A Grow services lines that are needed by the community and deploy them geographically, in a patient-centered way.
	2.1 B Maximize use of services and overall utilization.
	2.1 C Improve Stroger and Provident Hospital throughput.
	2.1 D Market CCH services and strengthen the CCH brand.
	2.1 E Explore opportunities for CCH to be a provider for County employees as well as other employers.
	2.1 F Minimize external referrals for care.
	2.1 G Establish additional specific programs at Provident to maximize meeting the community needs.
	2.1 H Maximize value of CCH resources (people, technology) to provide greater access to benefit patients.
2.2 Retain and grow CountyCare market share.	2.2 A Explore options in acquiring additional members through changes in the marketplace.
	2.2 B Continue to implement a strong member retention and growth strategy to retain market share. Advocate for state policy changes that result in a simpler redetermination process.
	2.2 C Enhance incentive programs and member benefits for improved health outcomes and member retention.
2.3 Grow market share in non-traditional CCH populations.	2.3 A Execute Medicare Advantage strategy that includes Chronic Conditions Special Needs Plan (C-SNP) for persons with HIV; Institutional Special Needs Plan (I-SNP); Institutional Equivalent Special Needs Plan (IE-SNP); Medicare-Medicaid Alignment Initiative (MMAI).
	2.3 B Migrate to managed care capability including accepting risk.

Foster Fiscal Stewardship

Objective	Highlighted Strategies
3.1 Optimize CCH revenue.	3.1 A Maximize reimbursements from payors by continuing to improve operations, including revenue cycle improvements.
	3.1 AA Continue to improve financial reporting
	3.1 B Maximize extramural grant sources in alignment CCH initiatives, including primary care, maternal/child health, workforce development, behavioral health, HIV, social determinants of health and capital improvements; capture 10% indirect cost. Continue to build out the grants administrative infrastructure and increase the funds managed by CCH.
	3.1 C Continually improve documentation through ongoing provider feedback and provider education to support timely, complete and accurate billing.
	3.1 D Maximize auto-assignment for CountyCare.
	3.1 E Increase CountyCare membership in the Integrated Care Program (ICP) by assisting members with disabilities attain SSI/SSDI.
	3.1 F Identification of Skilled Nursing Facility and Home Health Partners for CountyCare members
	3.1 G Advocate for local government financial support of unfunded mandates such as correctional health and public health services.
	3.1 H Optimize information technology infrastructure to improve revenue capture.



Foster Fiscal Stewardship

Objective	Highlighted Strategies
3.2 Control costs and maximize efficiencies.	3.2 A CountyCare to continue implementation of Medical Cost Action Plan to reduce costs.
	3.2 B Increasing full time employees, reducing agency and overtime costs.
	3.2 C Maximize lab automation.
	3.2 D Utilize data (volume, unit costs) to ensure staffing is in-line with appropriate best practices.
	3.2 E Evaluate training programs to determine optimal size and CCH strategic and fiscal value.
	3.2 F Conduct event review and overall analysis for all litigation and implement and communicate lessons learned to mitigate financial risks through employee training.
	3.2 G Reduce facility expenses.
	3.2 H Transition high volume network providers to value-based contracts for CountyCare.
	3.2 I In collaboration with the County, develop strategy for CCH to assume additional current pension payments.
3.3 Pharmaceutical Management.	3.3 A Optimize pharmacy economics.

Leverage and Invest in Assets

Objective	Highlighted Strategies
4.1 Recruit, hire and retain the best employees, who are committed to the CCH mission.	4.1 A Finalize implementation of online performance evaluations.
	4.1 B Develop an industry-based class and compensation strategy to recruit, hire and retain the best employees to support the continued transformation of the organization.
	4.1 C Analyze and develop solutions for employee transportation needs.
4.2 Strengthen the CCH Workforce.	4.2 A Enhance workforce training opportunities.
	4.2 B Conduct an analysis of organizational leadership by span of control, bench strength and develop an approach to succession planning.
	4.2 C Review of competency-based, “top of license” model of care across the system.
	4.2 D Develop strategies that foster flexibility and career development for unionized employees.
	4.2 E Pursue partnerships with nursing schools to foster and grow recruitment of excellent and culturally-competent nurses to CCH.
	4.2 F Improve the continuous learning environment of CCH and conduct an ongoing review of the effectiveness of academic affiliations.
4.3 Leverage CCH workforce.	4.3 A Develop and execute employee engagement action plans based on learnings from the employee engagement survey. Enhance collaboration with labor to further employee engagement.
	4.3 B Strengthen inter-departmental communications and collaboration better-coordinated services and improved patient outcomes.
	4.3 C Support an environment of continuous process improvement by increasing managers' competencies using process improvement and project management tools.
	4.3 D Support Board development.

Leverage and Invest in Assets

Objective	Highlighted Strategy
4.4 Utilize industry benchmarking and tools to improve quality, cost, utilization and patient outcomes.	4.4 A Establish staffing productivity model to optimize efficiency and effectiveness for key areas (e.g. nursing, environmental services); Develop a predictive staffing model/variable workload staffing model.
	4.4 B Develop the ability to analyze specific initiatives to determine mission alignment and attainment of outcomes.
	4.4 C Evaluate outcome data and utilization patterns to determine the efficacy of various system strategies (e.g. care coordination).
	4.4 E Update Clinical, Administrative, Research and Teaching (CART) process to review and standardize expectations and that actuals are aligned with these expectations. Distribute dashboards to benchmark performance on CART and Relative Value Units (RVU) at the physician and department level.
	4.4 F Mature health plan network strategy to assure access, quality, and value.
4.5 Utilize CCDPH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health.	4.5 A Develop system-wide strategies to reduce transmissible infections.
	4.5 B Maximize local health collaboration, partnership and alignment in Cook County to inform services, with local health departments such as City of Chicago Department of Public Health and local resources such as the University of Illinois School of Public Health.
	4.5 C Explore establishing additional injury-prevention partnerships and programs.



Leverage and Invest in Assets

Objective	Highlighted Strategy
4.6 Increase community engagement.	4.6 A Leverage outpatient health centers as community anchors by partnering with community organizations. Continue rolling out community advisory boards for all outpatient health centers. Develop a strategy to maximize community linkages.
4.7 Align extramural funding efforts with core competencies and strategies.	4.7 A Mature grant opportunity review process to include an evaluation of potential grants based on CCH strategy, expected cost/benefit and clinical or research alignment.

Impact Social Determinants & Advocate for Patients

Objective	Highlighted Strategies
5.1 Tailor Social Determinant of Health strategies to achieve the most impact on CCH patients and Health Plan members.	5.1 A Establish cross-departmental stakeholder group to create a plan to address social determinants of health for CCH populations.
	5.1 B Leverage CountyCare data, including Health Risk Assessments (HRAs) to identify needed value-added benefits to membership related to social determinants of health and serve that improve health status.
	5.1 C Leverage and modernize technology to address social determinants of health.
	5.1 D Partner with other organizations to address population health care needs outside of the health care system, including those related to food insecurity.
	5.1 E Grow and mature the housing strategy to improve patient outcomes.
	5.1 F Educate local, state and federal officials on policies and practices that affect CCH populations.
	5.1 G Collaborate nationally with county government stakeholders and large urban health care systems to garner congressional support to garner support for legislation that furthers the mission of CCH on shared policy priorities and targeted advocacy efforts.
	5.1 H Utilize CCH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health and trauma-informed approaches.



Impact Social Determinants & Advocate for Patients

Objective	Highlighted Strategies
5.2 Elevate organizational contributions to mitigate disparities.	5.2 A Maximize external recognition of CCH best practices.
	5.2 B Work with Cook County government to advance a Health in All Policies (HiAP) approach that incorporates health, equity and sustainability considerations into decision-making across sectors and policy areas to improve the quality of life of its residents.
	5.2 C Support the Cook County Complete Count Census Commission in their efforts to ensure that all Cook County residents are counted in the 2020 Census.
	5.2 D Increase MBE/WBE participation on contracts.
5.3 Utilize CCH data and experience to address health inequities to conceptualize and plan robust interventions to improve population health.	5.3 A Advocate for the adoption of a Cook County Lead Poisoning Prevention Ordinance.
	5.3 B Expand the use of population and epidemiologic data to identify upstream drivers of chronic diseases and conditions, improve birth outcomes and enhance childhood development.
	5.3 C Identify opportunities to partner with other governments and organizations to address gun violence, opioid abuse, and sexually transmitted infections.
5.4 Access to Healthcare	5.4 A Advocate for strategies to improve coverage for vulnerable populations.
	5.4 B Develop a focused program on populations that would benefit from better engagement in health care who are less likely to engage in appropriate preventive care.



FY2020-2022

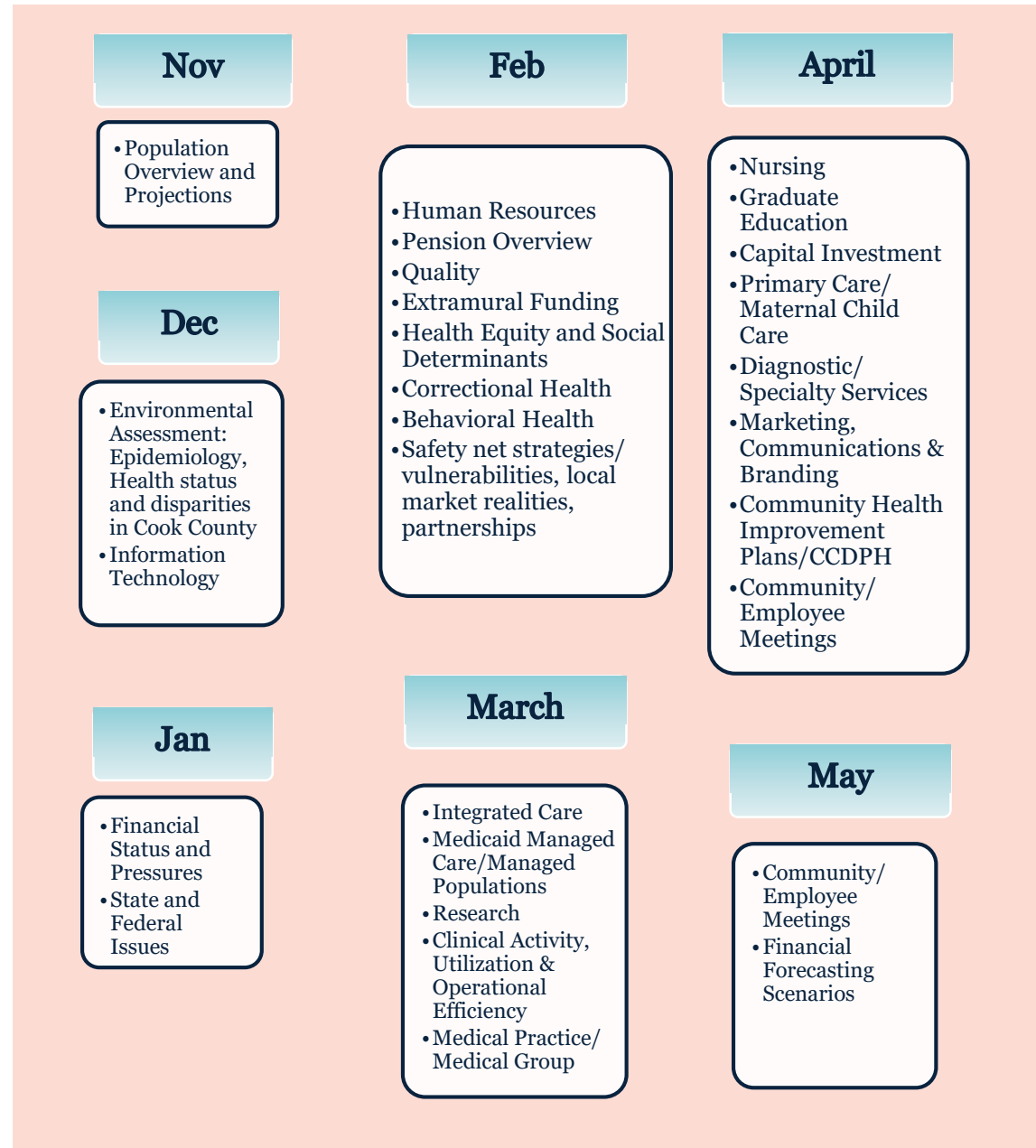
Next Steps



COOK COUNTY
HEALTH

Strategic Planning Timeline

COMPLETED



UPCOMING

